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| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself  |  |   |  |
|-----|--|--|---|--|
|     |  | About Debtor 1:                                  |   | About Debtor 2 (Spouse Only in a Joint Case):    |
| 1.  | Your full name   |  |   |  |
|     | Write the name that is on your government-issued picture identification (for   | David<br>First name                              | - | Jaclyn First name                                |
|     | example, your driver's license or passport).   | Middle name                                      | _ | Middle name                                      |
|     | Bring your picture identification to your meeting with the trustee.  | Sanchez Last name and Suffix (Sr., Jr., II, III) | _ | Sanchez Last name and Suffix (Sr., Jr., II, III) |
|     | meeting with the trustee.  |  |   |  |
| 2.  | All other names you have used in the last 8 years  |  |   |  |
|     | Include your married or maiden names.  |  |   |  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-0564                                      |   | xxx-xx-4934                                      |

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Debtor 1 David Sanchez
Debtor 2 Jaclyn Sanchez

Case number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ■ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  | 3547 W. 62nd Place  | If Debtor 2 lives at a different address:  |
|    |   | Chicago, IL 60629  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|    |   | Cook  |  |
|    |   | County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | 773-895-4127  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I<br>have lived in this district longer than in any other<br>district.                 |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |   |   |  |

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| Deb | otor 2 Jaclyn Sanchez   |                       |  |   |  | Case number (if known)   |                       |
|-----|---|-----------------------|--|---|--|--|-----------------------|
|     |   |                       |  |   |  |  |                       |
| Par | t 2: Tell the Court About   | Your Bankrı           | uptcy Ca                               | ase   |  |  |                       |
| 7.  | The chapter of the<br>Bankruptcy Code you are<br>choosing to file under   |                       |  |   | each, see <i>Notice Required by 1</i><br>age 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bankl<br>box.  | ruptcy                |
|     | choosing to file under  | Chapte                | r 7                                    |   |  |  |                       |
|     |   | ☐ Chapte              | r 11                                   |   |  |  |                       |
|     |   | ☐ Chapte              | r 12                                   |   |  |  |                       |
|     |   | ☐ Chapte              | r 13                                   |   |  |  |                       |
| 8.  | How you will pay the fee  | abou<br>orde<br>a pre | it how your<br>r. If your<br>e-printed | ou may pay. Typica<br>attorney is submitt<br>address. | illy, if you are paying the fee you                                      | with the clerk's office in your local court for mor<br>urself, you may pay with cash, cashier's check, c<br>lf, your attorney may pay with a credit card or ch   | or money<br>neck with |
|     |   | ☐ I nee               | ed to pay<br>Filing Fe                 | y tne tee in install<br>ee in Installments (          | <b>ments.</b> If you cnoose this optio<br>Official Form 103A).           | n, sign and attach the Application for Individuals   | to Pay                |
|     |   | but is<br>appli       | s not requesties to yo                 | uired to, waive you<br>ur family size and y           | Ir fee, and may do so only if you<br>you are unable to pay the fee in    | only if you are filing for Chapter 7. By law, a jud<br>ir income is less than 150% of the official povert<br>installments). If you choose this option, you must<br>al Form 103B) and file it with your petition. | ty line that          |
|     |   |                       | фриоди                                 |   | ptor r r milg r de tranted (eme  | arrown roos) and more manyour politicis.   |                       |
| 9.  | Have you filed for bankruptcy within the  | ■ No.                 |  |   |  |  |                       |
|     | last 8 years?   | ☐ Yes.                | D:                                     |   | <b>14</b>  |  |                       |
|     |   |                       | District                               |   | When   | Case number  |                       |
|     |   |                       | District                               |   | When<br>When   | Case number  |                       |
|     |   |                       | District                               |   | when   | Case number  |                       |
| 10. | Are any bankruptcy cases pending or being   | ■ No                  |  |   |  |  |                       |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.                |  |   |  |  |                       |
|     |   |                       | Debtor                                 |   |  | Relationship to you  |                       |
|     |   |                       | District                               |   | When   | Case number, if known  |                       |
|     |   |                       | Debtor                                 |   |  | Relationship to you  |                       |
|     |   |                       | District                               |   | When   | Case number, if known  |                       |
| 11. | Do you rent your  | ■ No.                 | Go to I                                | line 12.  |  |  |                       |
|     | residence?  | ☐ Yes.                | Has yo                                 | our landlord obtaine                                  | ed an eviction judgment against  | you and do you want to stay in your residence?   | ,                     |
|     |   |                       |  | No. Go to line 12.                                    |  |  |                       |
|     |   |                       |  | Yes. Fill out <i>Initia</i> bankruptcy petition       |  | udgment Against You (Form 101A) and file it wit  | :h this               |

Debtor 1 David Sanchez

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|      | tor 1 David Sanchez tor 2 Jaclyn Sanchez  |                        | Docum   | Case number (if known)   |
|------|---|------------------------|---|--|
|      |   |                        |   |  |
| Part | Report About Any Bu   | sinesses               | You Own as a Sole Proprie                           | tor  |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to Part 4.                                       |  |
|      |   | ☐ Yes.                 | Name and location of bus                            | siness   |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name of business, if any                            |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Number, Street, City, Sta                           |  |
|      | it to this petition.  |                        |   | ox to describe your business:  |
|      |   |                        | ☐ Health Care Busin                                 | ness (as defined in 11 U.S.C. § 101(27A))  |
|      |   |                        | _ •   | Estate (as defined in 11 U.S.C. § 101(51B))  |
|      |   |                        | _ `   | lefined in 11 U.S.C. § 101(53A))   |
|      |   |                        | ☐ Commodity Broke                                   | er (as defined in 11 U.S.C. § 101(6))  |
|      |   |                        | ☐ None of the above                                 | e  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | s. If you indicate that you are                     | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
|      | For a definition of small   | ■ No.                  | I am not filing under Chap                          | oter 11.   |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am filing under Chapter Code.                     | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy   |
|      |   | ☐ Yes.                 | I am filing under Chapter                           | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  |
| Part | Report if You Own or  | Have Any               | Hazardous Property or An                            | y Property That Needs Immediate Attention  |
| 14.  | Do you own or have any  | ■ No.                  |   |  |
|      | property that poses or is alleged to pose a threat  | ☐ Yes.                 |   |  |
|      | of imminent and identifiable hazard to  |                        | What is the hazard?                                 |  |
|      | public health or safety?  |                        |   |  |
|      | Or do you own any property that needs immediate attention?  |                        | If immediate attention is needed, why is it needed? |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is the property?                              |  |
|      |   |                        |   | Number, Street, City, State & Zip Code   |
|      |   |                        |   |  |

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Debtor 1 David Sanchez

Debtor 2 Jaclyn Sanchez

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-07719 Doc 1 Filed 03/13/17 Entered 03/13/17 13:04:41 Desc Main Document Page 6 of 58

|      | tor 1<br>tor 2 | David Sanchez<br>Jaclyn Sanchez                        |                            | Document   | r age o or .                             | _                           | umber (if known | 1)   |
|------|----------------|--|----------------------------|--|--|-----------------------------|-----------------|--|
| Part | t 6:           | Answer These Questi                                    | ons for Repo               | orting Purposes  |  |                             |                 |  |
|      | Wha            | t kind of debts do                                     | 16a. <b>A</b> ı            |  |  |                             | defined in 11   | 1 U.S.C. § 101(8) as "incurred by an                                 |
|      | ,              |  |                            | No. Go to line 16b.  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                             |                 |  |
|      |                |  | •                          | Yes. Go to line 17.  |  |                             |                 |  |
|      |                |  |                            | re your debts primarily busines<br>oney for a business or investmer      |  |                             |                 |  |
|      |                |  |                            | No. Go to line 16c.  |  |                             |                 |  |
|      |                |  |                            | Yes. Go to line 17.  |  |                             |                 |  |
|      |                |  | 16c. St                    | ate the type of debts you owe the  | at are not consume                       | r debts or bus              | siness debts    |  |
| 17.  |                | ou filing under<br>oter 7?                             | □ No. I a                  | am not filing under Chapter 7. Go  | to line 18.                              |                             |                 |  |
|      | after          | ou estimate that<br>any exempt<br>erty is excluded and |                            | am filing under Chapter 7. Do you<br>e paid that funds will be available |  |                             |                 | xcluded and administrative expenses                                  |
|      |                | nistrative expenses<br>aid that funds will             |                            | I <sub>No</sub>  |  |                             |                 |  |
|      | be av          | vailable for ibution to unsecured itors?               |                            | l Yes  |  |                             |                 |  |
| 18.  |                | many Creditors do                                      | <b>1</b> -49               |  | <b>1</b> ,000-5,000                      |                             |                 | 25,001-50,000  |
|      | you o          | estimate that you                                      | □ 50-99                    |  | ☐ 5001-10,000<br>☐ 10,001-25,000         |                             |                 | 50,001-100,000<br>More than100,000                                   |
|      |                |  | ☐ 100-199<br>☐ 200-999     |  | 10,001-23,000                            |                             | _               | Wore marriou,000   |
| 19.  |                | much do you<br>nate your assets to                     | <b>\$</b> 0 - \$50,        | 000  | □ \$1,000,001 - \$                       |                             |                 | \$500,000,001 - \$1 billion  |
|      |                | orth?  | □ \$50,001 - □ \$100,001   |  | □ \$10,000,001 - 3<br>□ \$50,000,001 - 3 |                             |                 | \$1,000,000,001 - \$10 billion<br>\$10,000,000,001 - \$50 billion    |
|      |                |  | □ \$100,001<br>□ \$500,001 | • •  | \$100,000,001                            |                             |                 | More than \$50 billion   |
| 20.  |                | much do you  | <b>□</b> \$0 - \$50,       | 000  | <u> </u>                                 |                             |                 | \$500,000,001 - \$1 billion  |
|      | to be          | nate your liabilities<br>?                             | ■ \$50,001<br>□ \$100,001  |  | □ \$10,000,001 - 3<br>□ \$50,000,001 - 3 |                             |                 | \$1,000,000,001 - \$10 billion<br>\$10,000,000,001 - \$50 billion    |
|      |                |  | □ \$100,001<br>□ \$500,001 |  | \$100,000,001                            |                             |                 | More than \$50 billion   |
| Part | t 7:           | Sign Below   |                            |  |  |                             |                 |  |
| For  | you            |  | I have exam                | ined this petition, and I declare u                                      | ınder penalty of per                     | jury that the i             | nformation pr   | rovided is true and correct.   |
|      |                |  |                            | sen to file under Chapter 7, I am se Code. I understand the relief a     |  |                             |                 | Chapter 7, 11,12, or 13 of title 11, proceed under Chapter 7.        |
|      |                |  |                            | y represents me and I did not par<br>have obtained and read the notic    |  |                             |                 | rney to help me fill out this  |
|      |                |  | I request reli             | ief in accordance with the chapte  | er of title 11, United                   | States Code,                | specified in t  | this petition.   |
|      |                |  |                            | I making a false statement, conc<br>case can result in fines up to \$25  |  |                             |                 | ty by fraud in connection with a both. 18 U.S.C. §§ 152, 1341, 1519, |
|      |                |  | /s/ David S                |  |  | s/ Jaclyn Sa                |                 |  |
|      |                |  | David San<br>Signature of  |  |  | aclyn Sanc<br>ignature of D |                 |  |
|      |                |  | Executed on                | March 13, 2017   | E  | xecuted on                  | March 13,       | 2017   |
|      |                |  |                            | MM / DD / YYYY   |  |                             | MM / DD / Y     |  |

| Debtor 1 | David Sanchez                                  | 01110 0001                  | Document                       | Page 7 of 58             | 10.04.41               | Descrivant  |
|----------|--|-----------------------------|--------------------------------|--------------------------|------------------------|---|
| Debtor 2 | Jaclyn Sanchez                                 |                             |                                | Cas                      | se number (if known)   |   |
|          |  |                             |                                |                          |                        |   |
| •        | attorney, if you are<br>ed by one              | under Chapter 7, 11         | , 12, or 13 of title 11, Unite | ed States Code, and have | explained the relief a | r(s) about eligibility to proceed available under each chapter required by 11 U.S.C. § 342(b) |
|          | not represented by ey, you do not need a page. | and, in a case in wh        |                                |                          |                        | ry that the information in the  |
|          |  | /s/ David Owen K            | Coch                           | Date                     | March 13, 201          | 7   |
|          |  | Signature of Attorne        | y for Debtor                   |                          | MM / DD / YYYY         |   |
|          |  | David Owen Koc              | h                              |                          |                        |   |
|          |  | Printed name                |                                |                          |                        |   |
|          |  | Koch and Assoc              | iates                          |                          |                        |   |
|          |  | 5947 W. 35th Str            | <u>aet</u>                     |                          |                        |   |
|          |  | Cicero, IL 60804            |                                |                          |                        |   |
|          |  | Number, Street, City, State | & ZIP Code                     |                          |                        |   |

Email address

Contact phone **708-656-9900** 

6225346 Bar number & State esquiredavidkoch@hotmail.com

|                     |                          | 17()(.11111)      | tii Paut o ui sc | ) |                                    |
|---------------------|--------------------------|-------------------|------------------|---|------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                  |   |                                    |
| Debtor 1            | David Sanchez            |                   |                  |   |                                    |
|                     | First Name               | Middle Name       | Last Name        |   |                                    |
| Debtor 2            | Jaclyn Sanchez           |                   |                  |   |                                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |   |                                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |   |                                    |
| Case number _       |                          |                   |                  |   | Chack if this is an                |
| (ii kilowii)        |                          |                   |                  |   | Check if this is an amended filing |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|     |  | Your as      | ssets                         |
|-----|--|--------------|-------------------------------|
|     |  |              | f what you own                |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 10,531.00                     |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 10,531.00                     |
| Par | t 2: Summarize Your Liabilities  |              |                               |
|     |  |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D               | \$           | 13,818.00                     |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 36,689.7                      |
|     | Your total liabilities   | \$           | 50,507.76                     |
| Par | t 3: Summarize Your Income and Expenses  |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 2,071.08                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 2,123.00                      |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                   | ır other sch | nedules.                      |
| 7.  | Yes What kind of debt do you have?   |              |                               |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bousehold purpose "11 LLS C. & 101(8). Fill out lines 8-90 for statistical purposes 28 LLS C. & 159 |              |                               |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 David Sanchez
Debtor 2 David Sanchez

Debtor 2 David Sanchez

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Case number (if known)

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,684.85

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim     |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |       |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 21,832.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 21,832.00 |

|  |  |   | Document  |   |   |   |
|--|--|---|---|---|---|---|
| Fill in  | this inforn  | nation to identify your   | case and this filing:   |   |   |   |
| Debto  | r 1  | David Sanchez   |   |   |   |   |
| ) obto   | <b>.</b> 0   | First Name  | Middle Name   | Last Name   |   |   |
| <b>Debto</b><br>Spouse                         | , if filing)   | Jaclyn Sanchez First Name   | Middle Name   | Last Name   |   |   |
| Inited   | l States Bar   | nkruptcy Court for the:   | NORTHERN DISTRICT OF ILL  | INOIS   |   |   |
| ) iii.CC                                       | Otates Dai   | intruptey Court for the.  | TORTHER DOTTION OF IEE  |   |   |   |
| Case   | number _   |   |   | _   |   | ☐ Check if this is ar amended filing  |
|  |  |   |   |   |   | amended ming  |
| <b>√</b> tt:√                                  | sial Fa  | rm 1061/P   |   |   |   |   |
|  |  | rm 106A/B   | - m4  |   |   |   |
|  |  | e A/B: Prop   | e items. List an asset only once. If  |   |   | 12/15   |
| forma  | tion. If more<br>every quest   | e space is needed, attach<br>tion.  | te as possible. If two married peop<br>a separate sheet to this form. On t<br>, Land, or Other Real Estate You C  | he top of any additional page   |   |   |
|  |  | <u> </u>  |   |   |   |   |
| Do y   | ou own or h  | nave any legal or equitable   | e interest in any residence, building   | g, land, or similar property?   |   |   |
| ■ N  | o. Go to Part  | t 2.  |   |   |   |   |
| - 11   | es Where is  | s the property?   |   |   |   |   |
| _  | 00. 111101010  |   |   |   |   |   |
| ПΥ   | _  | Your Vehicles   |   |   |   |   |
| O you  | Describe Y<br>I own, leas<br>ne else driv  | ves. If you lease a vehicle   | uitable interest in any vehicles,<br>e, also report it on Schedule G: i<br>ility vehicles, motorcycles  |   |   | Phicles you own that  |
| □ Y Part 2: O you omeo Car □ N ■ Y             | Describe of the company of the compa | se, or have legal or equences. If you lease a vehicle ucks, tractors, sport ut  | e, also report it on <i>Schedule G: l</i> ility vehicles, motorcycles   | Executory Contracts and U   | nexpired Leases.  | ·   |
| O you omeo Car                                 | Describe value of the control of the | se, or have legal or equives. If you lease a vehiclucks, tractors, sport ut   | e, also report it on <i>Schedule G: l</i> ility vehicles, motorcycles  Who has an interest in t   | Executory Contracts and U   | Do not deduct secured cl  | aims or exemptions. Put<br>d claims on <i>Schedule D:</i>   |
| ☐ Y Part 2: O you omeo Car ☐ N ■ Y             | Describe You want least ne else drives, vans, true do res Make:  | se, or have legal or equences. If you lease a vehicle ucks, tractors, sport ut GMC  | e, also report it on Schedule G: ility vehicles, motorcycles  Who has an interest in t  | Executory Contracts and U   | Do not deduct secured cl<br>the amount of any secure<br>Creditors Who Have Clair  | aims or exemptions. Put<br>d claims on Schedule D:<br>ms Secured by Property.   |
| □ Y Part 2: O you omeo Car □ N ■ Y             | Describe You want least ne else drives, vans, true do res Make:  | se, or have legal or equences. If you lease a vehicle ucks, tractors, sport ut GMC Yukon  | e, also report it on Schedule G: ility vehicles, motorcycles  Who has an interest in to be described by Debtor 1 only Debtor 2 only   | Executory Contracts and U   | Do not deduct secured cl  | aims or exemptions. Put<br>d claims on <i>Schedule D:</i>   |
| □ Y  Part 2:  o you  omeo  Car  □ N  ■ Y       | Describe various processing describe various procession describe various procession describe various procession de | se, or have legal or equives. If you lease a vehicle ucks, tractors, sport ut  GMC Yukon 2000 e mileage: 167  | who has an interest in to Debtor 1 only   | Executory Contracts and United the property? Check one                                | Do not deduct secured cl<br>the amount of any secure<br>Creditors Who Have Clair<br>Current value of the  | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the   |
| □ Y Part 2: O you omeo Car □ N ■ Y             | Describe various processing and the control of the  | se, or have legal or equives. If you lease a vehicle ucks, tractors, sport ut  GMC Yukon 2000 e mileage: 167  | who has an interest in to Debtor 1 and Debtor 2   | he property? Check one conly stors and another  | Do not deduct secured cl<br>the amount of any secure<br>Creditors Who Have Clair<br>Current value of the  | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the   |
| □ Y Part 2: O you omeo Car □ N ■ Y             | Describe Your John John John John John John John John  | se, or have legal or equives. If you lease a vehicle ucks, tractors, sport utures, tractors and the second | who has an interest in t  Debtor 1 only Debtor 2 only At least one of the det   | he property? Check one only otors and another nunity property                         | Do not deduct secured cl<br>the amount of any secure<br>Creditors Who Have Clair<br>Current value of the<br>entire property?  | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,599.00  |
| ☐ Y  Part 2:  O you  Domeo  Car  ☐ N  ☐ Y  3.1 | Describe Your John John John John John John John John  | GMC Yukon 2000 e mileage: 167 nation:   | Who has an interest in to Debtor 1 and Debtor 2  Check if this is commerced in the debtor 2 only  Who has an interest in the debtor 2 only  Debtor 1 and Debtor 2  Check if this is commerced in the debtor 2 only  Debtor 1 only  Debtor 1 only  Debtor 2 only   | he property? Check one only otors and another nunity property he property? Check one  | Do not deduct secured class.  Do not deduct secured class.  Current value of the entire property?  \$1,599.00  Do not deduct secured class the amount of any secure Creditors Who Have Class.  Current value of the                     | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,599.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the |
| ☐ Y  or you  comeo  Car  ☐ N  ☐ Y  3.1         | Describe various de la composition del composition de la composition del composition de la composition | GMC Yukon 2000 e mileage: 167 nation:   | Who has an interest in t Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 Debtor 1 sis commercial | he property? Check one only otors and another nunity property he property? Check one  | Do not deduct secured clean the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$1,599.00  Do not deduct secured clean the amount of any secure Creditors Who Have Clair Creditors Who Have Clair | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,599.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.                       |
| ☐ Y  or you  comeo  Car  ☐ N  ☐ Y  3.1         | Describe Your John John John John John John John John  | GMC Yukon 2000 e mileage: 167 nation:   | Who has an interest in to Debtor 1 and Debtor 2  Check if this is commerced in the debtor 2 only  Who has an interest in the debtor 2 only  Debtor 1 and Debtor 2  Check if this is commerced in the debtor 2 only  Debtor 1 only  Debtor 1 only  Debtor 2 only   | he property? Check one only otors and another nunity property he property? Check one  | Do not deduct secured class.  Do not deduct secured class.  Current value of the entire property?  \$1,599.00  Do not deduct secured class the amount of any secure Creditors Who Have Class.  Current value of the                     | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,599.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the |
| □ Y  Part 2:  o you  Domeo  Car  □ N  ■ Y      | Describe various de la composition del composition de la composition del composition de la composition | GMC Yukon 2000 e mileage: 167 nation:   | Who has an interest in t Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 Debtor 1 sis commercial | the property? Check one only otors and another nunity property he property? Check one | Do not deduct secured class.  Do not deduct secured class.  Current value of the entire property?  \$1,599.00  Do not deduct secured class the amount of any secure Creditors Who Have Class.  Current value of the                     | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,599.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the |

Official Form 106A/B Schedule A/B: Property page 1

☐ Yes

| Debtor 1                                      | Case 17-07719  David Sanchez  | Doc 1            | Filed 03/13/17<br>Document                                      | Entered 03/13/1<br>Page 11 of 58 | 7 13:04:41           | Desc Main  |
|---|---|------------------|---|----------------------------------|----------------------|--|
| Debtor 2                                      | Jaclyn Sanchez  |                  |   | Case                             | number (if known)    |  |
|   | e dollar value of the portion<br>ou have attached for Par                       |                  |   |                                  |                      | \$2,388.00   |
|   | scribe Your Personal and Ho   |                  |   |                                  |                      |  |
| -   | vn or have any legal or eq  |                  | st in any of the follow   | ing items?                       |                      | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| <i>Exampl</i><br>□ No<br>□                    | old goods and furnishing<br>es: Major appliances, furnit                        |                  | na, kitchenware   |                                  |                      |  |
| Yes.  | Describe  |                  |   |                                  |                      |  |
|   | Table/0   | Chairs, Refri    | oods: Sofa, Televis<br>gerator, Stove, Mic<br>edroom Sets, Lamp | owave, Post/ Pans,               |                      | \$500.00   |
| ■ No  |   |                  |   | ment; computers, printers,       | scanners; music o    | collections; electronic devices  |
| Exampl  | bles of value es: Antiques and figurines; other collections, memo               |                  |   | oks, pictures, or other art ob   | ojects; stamp, coin, | , or baseball card collections;  |
|   | Family  | pictures and     | d CD's  |                                  |                      | \$50.00  |
| Exampl  ■ No □ Yes.  10. Firearm  Exampl ■ No | musical instruments  Describe  ns  bles: Pistols, rifles, shotgun  Describe     | xercise, and ot  |   |                                  | ubs, skis; canoes a  | and kayaks; carpentry tools;   |
| <i>Exam</i> µ<br>□ No                         | s oles: Everyday clothes, furs Describe   | , leather coats, | designer wear, shoes  | accessories                      |                      |  |
|   | Used p  | ersonal clot     | hing  |                                  |                      | \$250.00   |
| ■ No □ Yes.                                   | y oles: Everyday jewelry, cos Describe rm animals oles: Dogs, cats, birds, hors | , ,              | ngagement rings, wed  | ding rings, heirloom jewelry     | , watches, gems, g   | jold, silver   |

Official Form 106A/B Schedule A/B: Property page 2

■ No

☐ Yes. Describe.....

| Dahtan                   | Case 17-07719  David Sanchez   | Doc 1                        | Filed 03/13/17<br>Document | Entered 03/13<br>Page 12 of 58 | 3/17 13:04:41             | Desc Main   |
|--------------------------|--|------------------------------|----------------------------|--------------------------------|---------------------------|---|
| Debtor :                 |  |                              |                            | c                              | ase number (if known)     |   |
| ■ N                      | other personal and households  | d items you                  | did not already list, in   | ncluding any health aid        | ds you did not list       |   |
|                          | d the dollar value of all of you<br>Part 3. Write that number he                                     |                              |                            |                                | ou have attached          | \$800.00  |
| Part 4:                  | Describe Your Financial Assets   |                              |                            |                                |                           |   |
| Do you                   | own or have any legal or equ   | itable intere                | st in any of the follow    | ing?                           |                           | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ N                      | amples: Money you have in your   |                              |                            | osit box, and on hand wl       | hen you file your petitic | on  |
|                          | osits of money<br>amples: Checking, savings, or of<br>institutions. If you have                      |                              |                            |                                | dit unions, brokerage h   | ouses, and other similar  |
| ☐ Ye                     | es   |                              | Institution n              | ame:                           |                           |   |
| Exa<br>■ No              |  |                              | h brokerage firms, mor     | ney market accounts            |                           |   |
| joir                     | -publicly traded stock and int<br>t venture  | erests in ind                | corporated and uninco      | orporated businesses,          | including an interest     | in an LLC, partnership, and   |
| ■ N                      |  |                              |                            |                                |                           |   |
| <b>□</b> 10              | es. Give specific information ab<br>Name   | of entity:                   |                            | C                              | % of ownership:           |   |
| Ne                       | ernment and corporate bonds<br>gotiable instruments include per-<br>n-negotiable instruments are tho | sonal checks                 | , cashiers' checks, pror   | missory notes, and mon         | •                         |   |
| □ Ye                     | es. Give specific information abo<br>Issuer  | out them<br>name:            |                            |                                |                           |   |
|                          | rement or pension accounts<br>amples: Interests in IRA, ERISA,                                       | Keogh, 401                   | (k), 403(b), thrift saving | s accounts, or other per       | nsion or profit-sharing p | olans   |
| □ Ye                     | es. List each account separately<br>Type of a  |                              | Institution n              | ame:                           |                           |   |
| You<br>Exa               | urity deposits and prepaymen<br>ir share of all unused deposits y<br>amples: Agreements with landlo  | ou have mad                  |                            |                                |                           | ies, or others  |
| ■ N                      | )<br>9S  |                              | Institution n              | ame or individual:             |                           |   |
| 23. <b>A</b> nn          | uities (A contract for a periodic  | payment of ı                 | money to you, either for   | · life or for a number of y    | years)                    |   |
| ■ No                     | o<br><sub>es</sub> Issuer name a   | and description              | on.                        |                                |                           |   |
| 24. <b>Inter</b><br>26 U | ests in an education IRA, in a .S.C. §§ 530(b)(1), 529A(b), and                                      | n account ir<br>d 529(b)(1). | n a qualified ABLE pro     | ogram, or under a qual         | ified state tuition pro   | gram.   |

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

Page 13 of 58 Document **David Sanchez** Debtor 1 Debtor 2 Jaclyn Sanchez Case number (if known) 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit Nο ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No ■ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 2016 Federal Income Taxes Refund. Unknown **Federal** 2016 Federal Income Tax Refund \$6,586.00 **Federal** 2016 Tax Return Unknown State 2016 Tax Refund \$757.00 State 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value:

Case 17-07719

Doc 1

Filed 03/13/17

Entered 03/13/17 13:04:41

Desc Main

Case 17-07719 Doc 1 Filed 03/13/17 Entered 03/13/17 13:04:41 Desc Main Document Page 14 of 58 **David Sanchez** Debtor 1 Debtor 2 Jaclyn Sanchez Case number (if known) 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$7,343,00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information.......

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

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**David Sanchez** Debtor 1 Debtor 2 Jaclyn Sanchez Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ...... \$0.00 56. Part 2: Total vehicles, line 5 \$2,388.00 Part 3: Total personal and household items, line 15 57. \$800.00 Part 4: Total financial assets, line 36 58. \$7,343.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

\$10,531.00

Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62

Total personal property. Add lines 56 through 61...

\$10,531.00

\$10,531.00

|                     |                          | 17/1/11111        |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | rmation to identify your | case:             |             |  |
| Debtor 1            | David Sanchez            |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            | Jaclyn Sanchez           |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| <ol> <li>Which set of exemptions are you claiming? Check one only, even if your spouse is</li> </ol> | s tilina with vai |
|--|-------------------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Copy the value from |                   | • •   | Specific laws that allow exemptio  |
|---------------------|-------------------|---|--|
| Schedule A/B        | Crie              | ck offiny offe box for each exemption.                          |  |
| \$1,599.00          |                   | \$1,599.00  | 735 ILCS 5/12-1001(c)  |
|                     |                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$789.00            |                   | \$789.00  | 735 ILCS 5/12-1001(c)  |
|                     |                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$500.00            |                   | \$500.00  | 735 ILCS 5/12-1001(b)  |
|                     |                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$50.00             |                   | \$50.00   | 735 ILCS 5/12-1001(a)  |
|                     |                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$250.00            |                   | \$250.00  | 735 ILCS 5/12-1001(a)  |
|                     |                   | 100% of fair market value, up to any applicable statutory limit |  |
|                     | \$789.00 \$500.00 | \$789.00  | \$1,599.00  \$1,599.00  \$1,599.00  \$1,00% of fair market value, up to any applicable statutory limit  \$500.00  \$50.00  \$100% of fair market value, up to any applicable statutory limit  \$50.00  \$100% of fair market value, up to any applicable statutory limit  \$500.00  \$500.00  \$100% of fair market value, up to any applicable statutory limit  \$50.00  \$50.00  \$100% of fair market value, up to any applicable statutory limit  \$50.00  \$100% of fair market value, up to any applicable statutory limit |

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**David Sanchez** Debtor 1 **Jaclyn Sanchez** Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Federal: 2016 Federal Income Taxes 735 ILCS 5/12-1001(b) \$4,506.00 Unknown Refund. Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit Federal: 2016 Federal Income Taxes 735 ILCS 5/12-1001(g)(1) Unknown \$5,428.00 Refund. П Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit Federal: 2016 Federal Income Tax 735 ILCS 5/12-1001(b) \$1.737.00 \$6,586.00 Refund Line from Schedule A/B: 28.2 П 100% of fair market value, up to any applicable statutory limit Federal: 2016 Federal Income Tax 735 ILCS 5/12-1001(g)(1) \$4,849.00 \$6,586.00 Refund Line from Schedule A/B: 28.2 100% of fair market value, up to any applicable statutory limit State: 2016 Tax Return 735 ILCS 5/12-1001(b) \$500.00 Unknown Line from Schedule A/B: 28.3 100% of fair market value, up to any applicable statutory limit State: 2016 Tax Refund 735 ILCS 5/12-1001(b) \$757.00 \$757.00 Line from Schedule A/B: 28.4 100% of fair market value, up to any applicable statutory limit Misc. Household Goods: Sofa, 735 ILCS 5/12-1001(b) \$0.00 \$500.00 Television, VCR, Dining Table/Chairs, Refrigerator, Stove, Microwave, 100% of fair market value, up to Pots/Pans, Dishes/Flatware, any applicable statutory limit Bedroom sets, Lamps, Telephone Line from Schedule A/B: 2004 Dodge Durango 735 ILCS 5/12-1001(c) \$0.00 \$0.00 Line from Schedule A/B: 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

|                                 |                              | Document P  | age 18 of 58               |                       | _  |                                   |
|---------------------------------|------------------------------|---|----------------------------|-----------------------|--|-----------------------------------|
| Fill in this inforr             | mation to identify you       | ır case:  |                            |                       |  |                                   |
| Debtor 1                        | David Sanchez First Name     | Middle Name La  | st Name                    |                       |  |                                   |
| Debtor 2<br>(Spouse if, filing) | Jaclyn Sanchez<br>First Name |   | st Name                    |                       |  |                                   |
| United States Ba                | nkruptcy Court for the:      | NORTHERN DISTRICT OF ILLINO   | ois                        |                       |  |                                   |
| Case number _<br>(if known)     |                              |   |                            |                       |  | if this is an<br>ed filing        |
| Official Forn                   | n 106D                       |   |                            |                       |  |                                   |
| Schedule                        | D: Creditors                 | Who Have Claims Se  | cured by Pr                | operty                |  | 12/15                             |
|                                 | e Additional Page, fill it o | If two married people are filing together, boot, number the entries, and attach it to th  |                            |                       |  |                                   |
| . Do any creditors              | have claims secured by       | y your property?  |                            |                       |  |                                   |
| ☐ No. Check                     | k this box and submit the    | his form to the court with your other sch   | edules. You have no        | thing else to         | report on this form.                         |                                   |
| Yes. Fill in                    | all of the information       | below.  |                            |                       |  |                                   |
| Part 1: List A                  | II Secured Claims            |   |                            |                       |  |                                   |
| for each claim. If m            | nore than one creditor has   | more than one secured claim, list the creditors a particular claim, list the other creditors in Figal order according to the creditor's name. | Part 2. As Amount Do not d | of claim<br>educt the | Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Con Fin S                   | Svc                          | Describe the property that secures the o  |                            | ,075.00               | \$0.00                                       | \$7,075.00                        |
| Creditor's Nam                  | е                            | Automobile  |                            |                       |  |                                   |
| 1052 Dun<br>Elgin, IL 6         |                              | As of the date you file, the claim is: Checapply.  Contingent   | k all that                 |                       |  |                                   |
| Number, Street                  | t, City, State & Zip Code    | ☐ Unliquidated ☐ Disputed   |                            |                       |  |                                   |
| Who owes the de                 | ebt? Check one.              | Nature of lien. Check all that apply.   |                            |                       |  |                                   |
| ☐ Debtor 1 only ☐ Debtor 2 only |                              | ☐ An agreement you made (such as morte car loan)  | gage or secured            |                       |  |                                   |
| ■ Debtor 1 and De               | ebtor 2 only                 | ☐ Statutory lien (such as tax lien, mechan  | ic's lien)                 |                       |  |                                   |
|                                 | the debtors and another      | ☐ Judgment lien from a lawsuit  |                            |                       |  |                                   |
| Check if this community de      |                              | Other (including a right to offset)   |                            |                       |  |                                   |
|                                 | Opened 9/11/14               |   |                            |                       |  |                                   |
| Date debt was inc               | urred Last Active            | Last 4 digits of account number   | 7301                       |                       |  |                                   |
| 2.2 Consume                     | er Financial Svc             | Describe the property that secures the o  | :laim: \$6                 | ,743.00               | \$0.00                                       | \$6,743.00                        |
| Creditor's Nam                  |                              | Automobile  |                            | _                     | <del></del>                                  |                                   |
|                                 | Highway 19<br>ey, FL 34668   | As of the date you file, the claim is: Checapply.  Contingent   | k all that                 |                       |  |                                   |
|                                 | t, City, State & Zip Code    | ☐ Unliquidated ☐ Disputed   |                            |                       |  |                                   |
| Who owes the de                 | ebt? Check one.              | Nature of lien. Check all that apply.   |                            |                       |  |                                   |
| ☐ Debtor 1 only ☐ Debtor 2 only |                              | ☐ An agreement you made (such as mort car loan)   | gage or secured            |                       |  |                                   |

■ Debtor 1 and Debtor 2 only

 $\square$  At least one of the debtors and another

☐ Statutory lien (such as tax lien, mechanic's lien)

 $\square$  Judgment lien from a lawsuit

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| Debtor 1  | David San                      | chez   |                                      |                   | Case number (if know) |  |
|-----------|--------------------------------|--|--------------------------------------|-------------------|-----------------------|--|
|           | First Name                     | Middle Na                                    | ame Last Name                        |                   | _                     |  |
| Debtor 2  | Jaclyn Sar                     | nchez  |                                      |                   |                       |  |
|           | First Name                     | Middle Na                                    | ame Last Name                        |                   |                       |  |
|           | if this claim re<br>unity debt | lates to a                                   | Other (including a right to offset   | t)                |                       |  |
| Date debt | was incurred                   | Opened<br>9/01/14<br>Last Active<br>10/14/15 | Last 4 digits of account n           | umber <u>7301</u> |                       |  |
| Add the   | dollar value of                | your ontries in Co                           | olumn A on this page. Write that n   | number bere       | \$13,818.00           |  |
|           |                                | •  | • •                                  |                   | \$13,010.00           |  |
|           | tne last page o                |  | the dollar value totals from all pag | jes.              | \$13,818.00           |  |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                               | Out                                | DC 11 011110 D   | Document  | Page 2                          | nd 56/16/17 16:54  | , DC0                            | o mani                         |
|-------------------------------|------------------------------------|--|---|---------------------------------|--|----------------------------------|--------------------------------|
| Fill                          | in this inform                     | ation to identify your c   |   |                                 |  |                                  |                                |
| Deh                           | otor 1                             | David Sanchez  |   |                                 |  |                                  |                                |
|                               |                                    | First Name   | Middle Name   | Last Name                       |  |                                  |                                |
| Deb                           | tor 2                              | Jaclyn Sanchez   |   |                                 |  |                                  |                                |
| (Spoi                         | use if, filing)                    | First Name   | Middle Name   | Last Name                       |  |                                  |                                |
| Unit                          | ed States Ban                      | kruptcy Court for the:   | NORTHERN DISTRICT OF ILL  | LINOIS                          |  |                                  |                                |
|                               | e number                           |  |   |                                 |  |                                  |                                |
| (if kno                       | own)                               |  |   |                                 |  | _                                | neck if this is an             |
|                               |                                    |  |   |                                 |  | an                               | nended filing                  |
|                               | icial Form                         |  | ho Have Unsecured   | Claims                          |  |                                  | 12/15                          |
| _                             |                                    |  | Part 1 for creditors with PRIORIT   |                                 | Part 2 for creditors with NONP                                       | RIORITY clain                    |                                |
| iche<br>iche<br>eft. <i>l</i> | dule G: Execute<br>dule D: Credito | ory Contracts and Unexpir<br>rs Who Have Claims Secu<br>inuation Page to this page | that could result in a claim. Also li<br>red Leases (Official Form 106G). D<br>ired by Property. If more space is i<br>e. If you have no information to rep | o not include<br>needed, copy t | any creditors with partially se<br>he Part you need, fill it out, nu | cured claims t<br>imber the enti | that are listed in ries in the |
| Part                          | List All                           | of Your PRIORITY Uns   | secured Claims  |                                 |  |                                  |                                |
| 1.                            | Do any creditor                    | s have priority unsecured  | l claims against you?   |                                 |  |                                  |                                |
|                               | No. Go to Pa                       | ırt 2.   |   |                                 |  |                                  |                                |
|                               | ☐ Yes.                             |  |   |                                 |  |                                  |                                |
| Part                          | t 2: List All                      | of Your NONPRIORITY  | Y Unsecured Claims  |                                 |  |                                  |                                |
|                               | _                                  | rs have nonpriority unsecu   | ured claims against you?  art. Submit this form to the court with   | your other sche                 | edules.  |                                  |                                |
| 4.                            | List all of your unsecured claim   | , list the creditor separately   | ims in the alphabetical order of th<br>for each claim. For each claim listed<br>at the other creditors in Part 3.If you h                                   | , identify what t               | ype of claim it is. Do not list clair                                | ns already incl                  | uded in Part 1. If more        |
|                               | rdil Z.                            |  |   |                                 |  |                                  | Total claim                    |
| 1 1                           | 1 4                                | naa Na   | l and d dimite of ann   |                                 | 4245   |                                  |                                |
| 4.1                           |                                    | nce Now<br>Creditor's Name   | Last 4 digits of acc  | ount number                     | 1345   | -                                | \$4,242.00                     |
|                               | Accepta                            | nce Now Customer S<br>dquarters Dr   | Service<br>When was the debt  | incurred?                       | Opened 2/01/15 Last 9/12/15  | Active                           |                                |
|                               |                                    | reet City State Zlp Code   | As of the date you t  | file, the claim i               | s: Check all that apply  |                                  |                                |
|                               | Who incur                          | red the debt? Check one.   |   |                                 |  |                                  |                                |
|                               | ■ Debtor ′                         | 1 only   | ☐ Contingent  |                                 |  |                                  |                                |
|                               | ☐ Debtor 2                         | 2 only   | ☐ Unliquidated  |                                 |  |                                  |                                |
|                               | ☐ Debtor                           | 1 and Debtor 2 only  | ☐ Disputed  |                                 |  |                                  |                                |
|                               | ☐ At least                         | one of the debtors and anot  | ther Type of NONPRIOR   | ITY unsecured                   | l claim:   |                                  |                                |
|                               | ☐ Check i                          | f this claim is for a comm   | nunity  |                                 |  |                                  |                                |
|                               | debt<br>Is the clain               | n subject to offset?   | ☐ Obligations arisin report as priority clair   |                                 | ration agreement or divorce that                                     | you did not                      |                                |
|                               | ■ No                               |  | ☐ Debts to pension  | or profit-sharin                | g plans, and other similar debts                                     |                                  |                                |
|                               | ☐ Yes                              |  | Other. Specify  | Rental Agre                     | eement   |                                  |                                |
|                               |                                    |  |   |                                 |  |                                  |                                |

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Debtor 1 David Sanchez

| Jaclyn Sanchez   | Case number (if know)  |          |
|--|--|----------|
| Advocate Christ Medical Center Nonpriority Creditor's Name           | Last 4 digits of account number 5535   | \$90.00  |
| Radiology Imaging Consultants<br>4440 95th St                        | When was the debt incurred?  |          |
| Oak Lawn, IL 60453   | - Acceptable for a fine decision of the second   |          |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |          |
| Debtor 1 only  |  |          |
| Debtor 2 only  | Contingent   |          |
| _  | ☐ Unliquidated   |          |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:   |          |
| At least one of the debtors and another                              | Student loans  |          |
| ☐ Check if this claim is for a community debt                        | ☐ Obligations arising out of a separation agreement or divorce that you did not  |          |
| Is the claim subject to offset?                                      | report as priority claims  |          |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |          |
| ☐ Yes  | Other. Specify Medical Bill  |          |
| Capital One  | Last 4 digits of account number 6292   | \$0.00   |
| Nonpriority Creditor's Name  | Onemad 0/04/42 Leat Active   |          |
| Attn: Bankruptcy<br>Po Box 30285                                     | Opened 9/01/12 Last Active When was the debt incurred? 2/06/15   |          |
| Salt Lake City, UT 84130   |  |          |
| Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply  |          |
| Who incurred the debt? Check one.                                    |  |          |
| Debtor 1 only  | ☐ Contingent   |          |
| Debtor 2 only  | ☐ Unliquidated   |          |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
| $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:   |          |
| ☐ Check if this claim is for a community                             | Student loans  |          |
| debt<br>Is the claim subject to offset?                              | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims                 |          |
| _  | □ Debts to pension or profit-sharing plans, and other similar debts  |          |
| ■ No   |  |          |
| Yes  | ■ Other. Specify Credit Card   |          |
| Comcast  | Last 4 digits of account number 3577   | \$194.00 |
| Nonpriority Creditor's Name  | When was the debt incurred?  |          |
| 155 Industrial Dr<br>Elmhurst, IL 60126                              |  |          |
| Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply  |          |
| Who incurred the debt? Check one.                                    |  |          |
| Debtor 1 only  | ☐ Contingent   |          |
| Debtor 2 only  | ☐ Unliquidated   |          |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |          |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |          |
| debt<br>Is the claim subject to offset?                              | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| ■ No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts   |          |
| ☐ Yes  | ■ Other. Specify Utility Bills   |          |

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| Debtor 2 | David Sanchez Jaclyn Sanchez  |   | Case number (if know)   |          |  |  |  |
|----------|---|---|---|----------|--|--|--|
|          | Con Fin Svc   | Last 4 digits of account number   | 1701  | \$0.00   |  |  |  |
|          | Nonpriority Creditor's Name  1052 Dundee Ave Elgin, IL 60120  Number Street City State Zlp Code | When was the debt incurred?  As of the date you file, the claim   | Opened 4/20/13 Last Active 9/11/14 s: Check all that apply                                      |          |  |  |  |
|          | Who incurred the debt? Check one.   | ·   | The or the date you me, the diam let of book all that apply                                     |          |  |  |  |
|          | Debtor 1 only   | ☐ Contingent  |   |          |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |   |          |  |  |  |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |          |  |  |  |
|          | lacksquare At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:  |          |  |  |  |
|          | ☐ Check if this claim is for a community debt   | ☐ Obligations arising out of a sepa   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not |          |  |  |  |
|          | Is the claim subject to offset?   | report as priority claims   |   |          |  |  |  |
|          | No  | ☐ Debts to pension or profit-sharing  |   |          |  |  |  |
|          | Yes   | Other. Specify Automobile   | <u> </u>  |          |  |  |  |
|          | Consumer Financial Svc Nonpriority Creditor's Name  | Last 4 digits of account number   | 1701  | \$0.00   |  |  |  |
|          | 10431 Us Highway 19<br>Port Richey, FL 34668  | When was the debt incurred?   | Opened 4/01/13 Last Active 9/11/14  |          |  |  |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                             | As of the date you file, the claim  |   |          |  |  |  |
|          | Debtor 1 only   | ☐ Contingent  |   |          |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |   |          |  |  |  |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |          |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:  |          |  |  |  |
|          | ☐ Check if this claim is for a community debt   | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul>   |   |          |  |  |  |
|          | Is the claim subject to offset?   | report as priority claims   |   |          |  |  |  |
|          | No  | Debts to pension or profit-sharing  |   |          |  |  |  |
|          | Yes   | Other. Specify Automobile   | •   |          |  |  |  |
|          | Credit Management, LP Nonpriority Creditor's Name   | Last 4 digits of account number   | 2210  | \$134.00 |  |  |  |
|          | Attn: Bankruptcy<br>Po Box 118288   | When was the debt incurred?   | Opened 9/01/15  |          |  |  |  |
| -        | Carrolton, TX 75011  Number Street City State Zlp Code  Who incurred the debt? Check one.       | As of the date you file, the claim is: Check all that apply   |   |          |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent ☐ Unliquidated   |   |          |  |  |  |
|          | Debtor 2 only   |   |   |          |  |  |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |          |  |  |  |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured   |   |          |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |          |  |  |  |
|          | debt Is the claim subject to offset?  |   |   |          |  |  |  |
|          | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |   |          |  |  |  |
|          | ☐ Yes   | Other. Specify Collection   | Attorney Comcast-Chicago  |          |  |  |  |

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| Debtor 2 | David Sanchez Jaclyn Sanchez  |  | Case number (if know)                                       |            |  |  |  |
|----------|---|--|---|------------|--|--|--|
| 4.8      | Credit One Bank Na  | Last 4 digits of account number  | 6809  | \$0.00     |  |  |  |
| -        | Nonpriority Creditor's Name  Po Box 98873 Las Vegas, NV 89193  Number Street City State Zlp Code  Who incurred the debt? Check one. | When was the debt incurred?  As of the date you file, the claim              | Opened 8/01/14 Last Active 2/08/15 is: Check all that apply |            |  |  |  |
|          | Debtor 1 only   | ☐ Contingent   |   |            |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:  |            |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |  |  |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                 | ration agreement or divorce that you did not                |            |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts                            |            |  |  |  |
|          | ☐ Yes   | Other. Specify Credit Card   | <u> </u>  |            |  |  |  |
|          | Credit One Bank Na<br>Nonpriority Creditor's Name   | Last 4 digits of account number  | 8697  | \$0.00     |  |  |  |
|          | Po Box 98873<br>Las Vegas, NV 89193   | When was the debt incurred?  | Opened 11/11/13 Last Active 2/17/14                         |            |  |  |  |
| -        | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply                                    |            |  |  |  |
|          | ☐ Debtor 1 only   | ☐ Contingent   |   |            |  |  |  |
|          | ■ Debtor 2 only   | ☐ Unliquidated   |   |            |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |  |  |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:  |            |  |  |  |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not               |            |  |  |  |
|          | No  | Debts to pension or profit-sharing   |   |            |  |  |  |
|          | □ Yes   | Other. Specify Credit Card   |   |            |  |  |  |
| 4.1      | D (0(5 W) 1 (   |  | 0220  | <b>***</b> |  |  |  |
|          | Dept Of Ed/Navient Nonpriority Creditor's Name  | Last 4 digits of account number  | 0328  | \$8,116.00 |  |  |  |
|          | Attn: Claims Dept<br>Po Box 9400  | When was the debt incurred?  | Opened 3/01/11 Last Active 1/31/16                          |            |  |  |  |
| _        | Wilkes Barr, PA 18773  Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim   |   |            |  |  |  |
|          | ☐ Debtor 1 only   | ☐ Contingent   |   |            |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  |   |            |  |  |  |
|          | ☐ Check if this claim is for a community  | Student loans  |   |            |  |  |  |
|          | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                 |   |            |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing plans, and other similar debts            |   |            |  |  |  |
|          | ☐ Yes   | Other. Specify   |   |            |  |  |  |
|          |   | Educationa   | ıl  |            |  |  |  |

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| Debtor 2      | Jaclyn Sanchez   |   | Case number (if know)                         |            |  |  |
|---------------|--|---|---|------------|--|--|
| ·             | Dept Of Ed/Navient   | Last 4 digits of account number                                   | 0218  | \$4,433.00 |  |  |
| ı             | Nonpriority Creditor's Name<br>Attn: Claims Dept<br>Po Box 9400<br>Wilkes Barr, PA 18773 | When was the debt incurred?                                       | Opened 2/01/10 Last Active 1/31/16            |            |  |  |
| 1             | Number Street City State Zlp Code  Who incurred the debt? Check one.                     | As of the date you file, the claim                                | is: Check all that apply                      |            |  |  |
| [             | Debtor 1 only  | ☐ Contingent  |   |            |  |  |
| ı             | Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |
| _             | Debtor 1 and Debtor 2 only   | □ Disputed  |   |            |  |  |
| _             | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                     | d claim:                                      |            |  |  |
| _             | ☐ Check if this claim is for a community   | Student loans   |   |            |  |  |
| c             | debt s the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims      | aration agreement or divorce that you did not |            |  |  |
| I             | No   | ☐ Debts to pension or profit-sharing                              | ng plans, and other similar debts             |            |  |  |
| [             | ☐ Yes  | Other. Specify  |   |            |  |  |
|               |  | Educationa  | al  |            |  |  |
|               | Dept Of Ed/Navient   | Last 4 digits of account number                                   | 0328  | \$4,083.00 |  |  |
| ŀ             | Nonpriority Creditor's Name Attn: Claims Dept Po Box 9400                                | When was the debt incurred?                                       | Opened 3/01/11 Last Active 1/31/16            |            |  |  |
|               | Wilkes Barr, PA 18773  Number Street City State Zlp Code                                 | As of the date you file, the claim                                | is: Check all that apply                      |            |  |  |
|               | Who incurred the debt? Check one.  | to of the date you me, the claim                                  | or check an that apply                        |            |  |  |
| [             | Debtor 1 only  | ☐ Contingent  |   |            |  |  |
| I             | Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |
| [             | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |  |
|               | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                     | d claim:                                      |            |  |  |
| _             | ☐ Check if this claim is for a community   | ■ Student loans   |   |            |  |  |
| c             | debt<br>s the claim subject to offset?   | Obligations arising out of a separeport as priority claims        | aration agreement or divorce that you did not |            |  |  |
| I             | No   | Debts to pension or profit-sharing                                |   |            |  |  |
| [             | □Yes   | Other. Specify  |   |            |  |  |
|               |  | Educationa  | al  |            |  |  |
|               | Dept Of Ed/Navient   | Last 4 digits of account number                                   | 0218  | \$3,746.00 |  |  |
| ı             | Nonpriority Creditor's Name<br>Attn: Claims Dept<br>Po Box 9400                          | When was the debt incurred?                                       | Opened 2/01/10 Last Active 1/31/16            |            |  |  |
|               | Wilkes Barr, PA 18773  Number Street City State Zlp Code                                 | As of the date you file, the claim                                | is: Check all that apply                      |            |  |  |
|               | Who incurred the debt? Check one.  | As of the date you me, the claim                                  | S. Oneck all that apply                       |            |  |  |
| [             | Debtor 1 only  | ☐ Contingent  |   |            |  |  |
| Debtor 2 only |  | ☐ Unliquidated  |   |            |  |  |
|               | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  ■ Student loans |   |            |  |  |
| _             | ☐ At least one of the debtors and another  |   |   |            |  |  |
| _             | ☐ Check if this claim is for a community   |   |   |            |  |  |
| c             | debt<br>s the claim subject to offset?   | Obligations arising out of a separeport as priority claims        | aration agreement or divorce that you did not |            |  |  |
| ı             | No   | Debts to pension or profit-sharing                                | ng plans, and other similar debts             |            |  |  |
| [             | ☐ Yes  | Other. Specify  |   |            |  |  |
|               |  | Educationa  | al  |            |  |  |

Debtor 1 David Sanchez

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| Dept Of Ed/Navient   | Last 4 digits of account number                              | 1220  | \$1,124.0 |  |
|--|--|---|-----------|--|
| Nonpriority Creditor's Name<br>Attn: Claims Dept<br>Po Box 9400<br>Wilkes Barr, PA 18773 | When was the debt incurred?                                  | Opened 12/01/11 Last Active 1/31/16                         |           |  |
| Number Street City State Zlp Code  | As of the date you file, the claim i                         | As of the date you file, the claim is: Check all that apply |           |  |
| Who incurred the debt? Check one.  | •  | ,   |           |  |
| Debtor 1 only  | ☐ Contingent   |   |           |  |
| Debtor 2 only  | ☐ Unliquidated   |   |           |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:  |           |  |
| ☐ Check if this claim is for a community   | Student loans  |   |           |  |
| lebt<br>s the claim subject to offset?   | Obligations arising out of a sepa report as priority claims  | ration agreement or divorce that you did not                |           |  |
| No   | Debts to pension or profit-sharin                            | g plans, and other similar debts                            |           |  |
| □Yes   | ☐ Other. Specify   |   |           |  |
|  | Educationa   | ıl  |           |  |
| Dept Of Ed/Navient   | Last 4 digits of account number                              | 1220  | \$330.0   |  |
| Nonpriority Creditor's Name Attn: Claims Dept Po Box 9400                                | When was the debt incurred?                                  | Opened 12/01/11 Last Active 1/31/16                         |           |  |
| Wilkes Barr, PA 18773 Number Street City State Zlp Code                                  | As of the date you file, the claim i                         | As of the date you file, the claim is: Check all that apply |           |  |
| Who incurred the debt? Check one.  | As of the date you me, the claim?                            | 3. Officer all that apply                                   |           |  |
| Debtor 1 only  | ☐ Contingent   |   |           |  |
| Debtor 2 only  | ☐ Unliquidated   |   |           |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:  |           |  |
| ☐ Check if this claim is for a community   | Student loans  |   |           |  |
| debt s the claim subject to offset?  | Obligations arising out of a sepa report as priority claims  | ration agreement or divorce that you did not                |           |  |
| No   | Debts to pension or profit-sharin                            | g plans, and other similar debts                            |           |  |
| □ Yes  | ☐ Other. Specify   |   |           |  |
|  | Educationa   | 1   |           |  |
| ERC/Enhanced Recovery Corp   | Last 4 digits of account number                              | 6737  | \$393.0   |  |
| Nonpriority Creditor's Name<br>8014 Bayberry Rd<br>Jacksonville, FL 32256                | When was the debt incurred?                                  | Opened 11/01/13   |           |  |
| Number Street City State Zlp Code  Nho incurred the debt? Check one.                     | As of the date you file, the claim i                         | s: Check all that apply                                     |           |  |
| Debtor 1 only  | ☐ Contingent   |   |           |  |
| Debtor 2 only  | ☐ Unliquidated   |   |           |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:  |           |  |
| ☐ Check if this claim is for a community   | ☐ Student loans  |   |           |  |
| debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not                |           |  |
| No   | Debts to pension or profit-sharin                            | • •   |           |  |
| ☐ Yes  | Other. Specify Collection                                    | Attornev Tmobile  |           |  |

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| Debtor 2 Jaclyn Sanchez |   | Case number (if know)  |  |             |  |  |  |
|-------------------------|---|--|--|-------------|--|--|--|
| 4.1                     | 0 - 11 - 1 - 0 - 11 - 5 1   |  | 0040   |             |  |  |  |
| 7                       | Great Lakes Specialty Finance, Inc.  Nonpriority Creditor's Name                        | Last 4 digits of account number  | 0843   | Unknown     |  |  |  |
|                         | d/b/a Check n' Go<br>6311 S. Western Ave  | When was the debt incurred?  | 11/3/2015                                    |             |  |  |  |
|                         | Chicago, IL 60636  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim   |  |             |  |  |  |
|                         | _   | _  |  |             |  |  |  |
|                         | Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |
|                         | Debtor 2 only   | Unliquidated   |  |             |  |  |  |
|                         | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |
|                         | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:                                     |             |  |  |  |
|                         | ☐ Check if this claim is for a community  | Student loans  |  |             |  |  |  |
|                         | debt<br>Is the claim subject to offset?   | report as priority claims  | ration agreement or divorce that you did not |             |  |  |  |
|                         | No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |             |  |  |  |
|                         | Yes   | Other. Specify   |  |             |  |  |  |
| 4.1<br>8                | Great Lakes Specialty Finance, Inc.   | Last 4 digits of account number  | 6554   | Unknown     |  |  |  |
|                         | Nonpriority Creditor's Name   | <b>M</b>   | 0/0/0045                                     |             |  |  |  |
|                         | d/b/a Check n' Go<br>6311 S. Western Ave  | When was the debt incurred?  | 9/3/2015                                     |             |  |  |  |
|                         | Chicago, IL 60636   |  |  |             |  |  |  |
|                         | Number Street City State Zlp Code   | As of the date you file, the claim   | s: Check all that apply                      |             |  |  |  |
|                         | Who incurred the debt? Check one.   |  |  |             |  |  |  |
|                         | ☐ Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |
|                         | ■ Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |  |
|                         | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |
|                         | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |  |             |  |  |  |
|                         | ☐ Check if this claim is for a community  | ☐ Student loans  |  |             |  |  |  |
|                         | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                                       |  |             |  |  |  |
|                         | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |             |  |  |  |
|                         | Yes   | Other. Specify   |  |             |  |  |  |
| 4.1                     | ICS Collection Service Inc.   | Last 4 digits of account number  | 8341   | \$860.00    |  |  |  |
| 9                       | Nonpriority Creditor's Name   | Last 4 digits of account number  |  | <del></del> |  |  |  |
|                         | Radiology Imaging Spacialist<br>PO BOX 1010   | When was the debt incurred?  | 12/11/15                                     |             |  |  |  |
|                         | Tinley Park, IL 60477-9110  Number Street City State Zlp Code                           | As of the date you file, the claim i   | e. Chock all that apply                      |             |  |  |  |
|                         | Who incurred the debt? Check one.   | As of the date you me, the claim   | S. Check all that apply                      |             |  |  |  |
|                         | Debtor 1 only   |  |  |             |  |  |  |
|                         | Debtor 2 only   | ☐ Contingent ☐ Unliquidated  |  |             |  |  |  |
|                         | <u> </u>  |  |  |             |  |  |  |
|                         | Debtor 1 and Debtor 2 only  | - (1)  |  |             |  |  |  |
|                         | At least one of the debtors and another   | Student loans  | a Olami.                                     |             |  |  |  |
|                         | ☐ Check if this claim is for a community debt Is the claim subject to offset?           | ☐ Obligations arising out of a separeport as priority claims                                       |  |             |  |  |  |
|                         | No  |  | g plans, and other similar debts             |             |  |  |  |
|                         |   | ☐ Debts to pension or profit-sharing plans, and other similar debts  ■ Other. Specify Medical Bill |  |             |  |  |  |
|                         | ☐ Yes   |  |  |             |  |  |  |

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| Debtor 2 | David Sanchez Jaclyn Sanchez  |  | Case number (if know)                         |          |  |  |  |
|----------|---|--|---|----------|--|--|--|
| U        | Illinois Collection Se  | Last 4 digits of account number  | 5442  | \$885.00 |  |  |  |
|          | Nonpriority Creditor's Name<br>8231 185th St Ste 100  | When was the debt incurred?  | Opened 10/01/13                               |          |  |  |  |
| _        | Tinley Park, IL 60487  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all that apply                      |          |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |   |          |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |   |          |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                                      |          |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |  |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |          |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts              |          |  |  |  |
|          | Yes   | Other. Specify Collection  | Attorney Talal Sunbulli M.D.                  |          |  |  |  |
| 1        | Illinois Collection Se  | Last 4 digits of account number  | 8074  | \$594.00 |  |  |  |
|          | Nonpriority Creditor's Name<br>8231 185th St Ste 100<br>Tinley Park, IL 60487               | When was the debt incurred?  | Opened 7/01/13                                |          |  |  |  |
|          | Number Street City State Zlp Code   | As of the date you file, the claim   | is: Check all that apply                      |          |  |  |  |
|          | Who incurred the debt? Check one.   |  |   |          |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |   |          |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |   |          |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   | ☐ Disputed                                    |          |  |  |  |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure   |   |          |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |  |  |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims   |   |          |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing   | ng plans, and other similar debts             |          |  |  |  |
|          | Yes   | ■ Other. Specify Specialists   | Attorney Radiology Imaging                    |          |  |  |  |
| 4.2      | Illinois Collection Se  | Last 4 digits of account number  | 4394  | \$284.00 |  |  |  |
|          | Nonpriority Creditor's Name<br>8231 185th St Ste 100<br>Tinley Park, IL 60487               | When was the debt incurred?  | Opened 4/01/13                                |          |  |  |  |
| _        | Number Street City State Zlp Code  Who incurred the debt? Check one.                        | As of the date you file, the claim   | is: Check all that apply                      |          |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |   |          |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |   |          |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | □ Disputed   |   |          |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |   |          |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |  |  |  |
|          | debt<br>Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |   |          |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts              |          |  |  |  |
|          | Yes   | Collection of Co | Attorney Radiology Imaging                    |          |  |  |  |

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| Debtor<br>Debtor | 1 David Sanchez 2 Jaclyn Sanchez  |   | Case number (if know)                         |            |
|------------------|---|---|---|------------|
| 4.2              | Illinois Collection Se  | Last 4 digits of account number                     | 7610  | \$163.00   |
|                  | Nonpriority Creditor's Name<br>8231 185th St Ste 100<br>Tinley Park, IL 60487       | When was the debt incurred?                         | Opened 7/01/13                                |            |
|                  | Number Street City State Zlp Code   | As of the date you file, the claim                  | is: Check all that apply                      |            |
|                  | Who incurred the debt? Check one.   |   |   |            |
|                  | ■ Debtor 1 only   | ☐ Contingent  |   |            |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated                                      |   |            |
|                  | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |
|                  | At least one of the debtors and another   | Type of NONPRIORITY unsecured                       | d claim:                                      |            |
|                  | Check if this claim is for a community  | ☐ Student loans                                     |   |            |
|                  | debt Is the claim subject to offset?  | report as priority claims                           | aration agreement or divorce that you did not |            |
|                  | No  | Debts to pension or profit-sharing                  |   |            |
|                  | Yes   | ■ Other. Specify Specialists                        | Attorney Radiology Imaging                    |            |
| 4.2              | Illinois Collection Se  | Last 4 digits of account number                     | 7624  | \$57.00    |
|                  | Nonpriority Creditor's Name<br>8231 185th St Ste 100<br>Tinley Park, IL 60487       | When was the debt incurred?                         | Opened 7/01/13                                |            |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.                | As of the date you file, the claim                  | is: Check all that apply                      |            |
|                  | ■ Debtor 1 only   | ☐ Contingent  |   |            |
|                  | Debtor 2 only   | ☐ Unliquidated                                      |   |            |
|                  | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                       | d claim:                                      |            |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans                                     |   |            |
|                  | debt Is the claim subject to offset?  | report as priority claims                           | ration agreement or divorce that you did not  |            |
|                  | No  | Debts to pension or profit-sharing                  | g plans, and other similar debts              |            |
|                  | Yes   | Attorney Radiology Imaging                          |   |            |
| 4.2<br>5         | Law Office of Jason S. Harris, LLC  | Last 4 digits of account number                     | 5154  | \$6,321.21 |
|                  | Nonpriority Creditor's Name<br>300 Saunders Road, Suite 100<br>Riverwoods, IL 60015 | When was the debt incurred?                         |   |            |
|                  | Number Street City State Zlp Code   | As of the date you file, the claim i                | is: Check all that apply                      |            |
|                  | Who incurred the debt? Check one.   |   |   |            |
|                  | Debtor 1 only   | ☐ Contingent  |   |            |
|                  | Debtor 2 only   | ☐ Unliquidated                                      |   |            |
|                  | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                       | d claim:                                      |            |
|                  | $\square$ Check if this claim is for a community debt                               | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not  |            |
|                  | Is the claim subject to offset?   | report as priority claims                           |   |            |
|                  | No  | Debts to pension or profit-sharing                  | <del>- ·</del>                                |            |
|                  | Yes   | ■ Other. Specify Collection                         | Attorney for Consumer Financial               |            |

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| Debt | or 2 Jaclyn Sanchez  | Case number (if know)   |          |  |  |  |
|------|--|---|----------|--|--|--|
| 1.2  | I CMH Hognitalist Group  | Last 4 digits of account number 1957  | \$107.00 |  |  |  |
| 5    | LCMH Hospitalist Group  Nonpriority Creditor's Name            | Last 4 digits of account number 1957  | \$107.00 |  |  |  |
|      | 2800 W. 87th St  | When was the debt incurred?   |          |  |  |  |
|      | Chicago, IL 60652-3831   |   |          |  |  |  |
|      | Number Street City State Zlp Code                              | As of the date you file, the claim is: Check all that apply                     |          |  |  |  |
|      | Who incurred the debt? Check one.                              |   |          |  |  |  |
|      | Debtor 1 only  | ☐ Contingent  |          |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated  |          |  |  |  |
|      | ■ Debtor 1 and Debtor 2 only                                   | □ Disputed  |          |  |  |  |
|      | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |          |  |  |  |
|      | ☐ Check if this claim is for a community                       | ☐ Student loans   |          |  |  |  |
|      | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not |          |  |  |  |
|      | Is the claim subject to offset?                                | report as priority claims   |          |  |  |  |
|      | ■ No   | Debts to pension or profit-sharing plans, and other similar debts               |          |  |  |  |
|      | Yes  | ■ Other. Specify Medical Bill   |          |  |  |  |
| 4.2  | Little Commence of Many Affiliated                             |   | \$239.55 |  |  |  |
| 7    | Little Company of Mary Affiliated  Nonpriority Creditor's Name | Last 4 digits of account number   | \$239.55 |  |  |  |
|      | 2800 W. 87th St.<br>Chicago, IL 60652                          | When was the debt incurred? 9/20/2015   |          |  |  |  |
|      | Number Street City State Zlp Code                              | As of the date you file, the claim is: Check all that apply                     |          |  |  |  |
|      | Who incurred the debt? Check one.                              |   |          |  |  |  |
|      | Debtor 1 only  | ☐ Contingent  |          |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated  |          |  |  |  |
|      | ■ Debtor 1 and Debtor 2 only                                   | □ Disputed  |          |  |  |  |
|      | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |          |  |  |  |
|      | ☐ Check if this claim is for a community                       | □ Student loans   |          |  |  |  |
|      | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not |          |  |  |  |
|      | Is the claim subject to offset?                                | report as priority claims   |          |  |  |  |
|      | ■ No   | Debts to pension or profit-sharing plans, and other similar debts               |          |  |  |  |
|      | Yes  | Other. Specify Medical Bill   |          |  |  |  |
| 4.2  | MCSI -Municipal Collection                                     |   |          |  |  |  |
| 8    | Services, Inc  | Last 4 digits of account number 8605  | \$100.00 |  |  |  |
|      | Nonpriority Creditor's Name 7330 College Dr                    | When was the debt incurred?   |          |  |  |  |
|      | Suite 108  |   |          |  |  |  |
|      | Palo Heights, IL 60463   |   |          |  |  |  |
|      | Number Street City State Zlp Code                              | As of the date you file, the claim is: Check all that apply                     |          |  |  |  |
|      | Who incurred the debt? Check one.                              |   |          |  |  |  |
|      | ☐ Debtor 1 only  | ☐ Contingent  |          |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated  |          |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |          |  |  |  |
|      | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |          |  |  |  |
|      | ☐ Check if this claim is for a community                       | ☐ Student loans   |          |  |  |  |
|      | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not |          |  |  |  |
|      | Is the claim subject to offset?                                | report as priority claims   |          |  |  |  |
|      | No   | Debts to pension or profit-sharing plans, and other similar debts               |          |  |  |  |
|      | ☐ Yes  | ■ Other. Specify 01 Village Of Bridgeview Lo                                    |          |  |  |  |

Debtor 1 David Sanchez

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| Debtor<br>Debtor | 1 David Sanchez<br>2 Jaclyn Sanchez   |  | Case number (if know)                        |         |  |  |  |
|------------------|---|--|--|---------|--|--|--|
| 4.2<br>9         | Midland Funding   | Last 4 digits of account number  | 0387   | \$0.00  |  |  |  |
|                  | Nonpriority Creditor's Name 2365 Northside Dr Suite 300 San Diego, CA 92108   | When was the debt incurred?  | Opened 9/01/14 Last Active 2/06/15           |         |  |  |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim i   | s: Check all that apply                      |         |  |  |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |  |         |  |  |  |
|                  | ■ Debtor 2 only   | ☐ Unliquidated   |  |         |  |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |         |  |  |  |
|                  | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured  | d claim:                                     |         |  |  |  |
|                  | ☐ Check if this claim is for a community                                      | ☐ Student loans  |  |         |  |  |  |
|                  | debt Is the claim subject to offset?  | report as priority claims  | ration agreement or divorce that you did not |         |  |  |  |
|                  | No  | Debts to pension or profit-sharin  | g plans, and other similar debts             |         |  |  |  |
|                  | Yes   | ■ Other. Specify Factoring C Bank N.A.   |  |         |  |  |  |
| 4.3              | Sallie Mae  | Last 4 digits of account number  | 0218   | Unknown |  |  |  |
|                  | Nonpriority Creditor's Name Attn: Navient Po Box 9500 Wilkes-Barr, PA 18873   | When was the debt incurred?  | Opened 2/01/10 Last Active 9/01/10           |         |  |  |  |
|                  | Number Street City State Zlp Code   | As of the date you file, the claim i   | s: Check all that apply                      |         |  |  |  |
|                  | Who incurred the debt? Check one.   |  |  |         |  |  |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |  |         |  |  |  |
|                  | ■ Debtor 2 only   | ☐ Unliquidated   |  |         |  |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   | Type of NONPRIORITY unsecured claim:         |         |  |  |  |
|                  | $\square$ At least one of the debtors and another                             | _  |  |         |  |  |  |
|                  | Check if this claim is for a community  | Student loans  |  |         |  |  |  |
|                  | debt Is the claim subject to offset?  | report as priority claims  | ration agreement or divorce that you did not |         |  |  |  |
|                  | No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |         |  |  |  |
|                  | Yes   | Other. Specify   |  |         |  |  |  |
|                  |   | Educationa   | <u>I</u>                                     |         |  |  |  |
| 4.3<br>1         | Sallie Mae Nonpriority Creditor's Name  | Last 4 digits of account number  | 0218   | Unknown |  |  |  |
|                  | Attn: Navient<br>Po Box 9500<br>Wilkes-Barr, PA 18873                         | When was the debt incurred?  | Opened 2/01/10 Last Active 9/01/10           |         |  |  |  |
|                  | Number Street City State Zlp Code   | As of the date you file, the claim i   | s: Check all that apply                      |         |  |  |  |
|                  | Who incurred the debt? Check one.   | _  |  |         |  |  |  |
|                  | Debtor 1 only   | Contingent   |  |         |  |  |  |
|                  | Debtor 2 only   | ☐ Unliquidated   |  |         |  |  |  |
|                  | Debtor 1 and Debtor 2 only  |  | Disputed                                     |         |  |  |  |
|                  | At least one of the debtors and another                                       | Type of NONPRIORITY unsecured  |  |         |  |  |  |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset? | <ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul> |  |         |  |  |  |
|                  | ■ No  | <u> </u>   | haring plans, and other similar debts        |         |  |  |  |
|                  | □ Yes   | Other. Specify   |  |         |  |  |  |
|                  | Educational   |  |  |         |  |  |  |

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| pebtor 1 David Sanchez Debtor 2 Jaclyn Sanchez   |   | Case number (if know)   |          |  |  |
|--|---|-------------------------|----------|--|--|
| Southwest Credit Systems   | Last 4 digits of account number   | 4794                    | \$194.00 |  |  |
| Nonpriority Creditor's Name 4120 International Parkway   | When was the debt incurred?   | Opened 6/01/13          |          |  |  |
| Suite 1100 Carrollton, TX 75007  Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim  | s: Check all that apply |          |  |  |
| ☐ Debtor 1 only  | ☐ Contingent  |                         |          |  |  |
| ■ Debtor 2 only  | ☐ Unliquidated  |                         |          |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                         |          |  |  |
| $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                         |          |  |  |
| ☐ Check if this claim is for a community   | ☐ Student loans   |                         |          |  |  |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                         |          |  |  |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |                         |          |  |  |
| Yes  | ■ Other. Specify Collection Attorney Comcast  |                         |          |  |  |

## Part 3: List Others to Be Notified About a Debt That You Already Listed

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     | <br>            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>21,832.00 |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>14,857.76 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>36,689.76 |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

|   |                | DUGUIL            | III FAUE 37 ULDO |  |  |
|---|----------------|-------------------|------------------|--|--|
| Fill in this information to identify your case: |                |                   |                  |  |  |
| Debtor 1  | David Sanchez  |                   |                  |  |  |
|   | First Name     | Middle Name       | Last Name        |  |  |
| Debtor 2  | Jaclyn Sanchez |                   |                  |  |  |
| (Spouse if, filing)                             | First Name     | Middle Name       | Last Name        |  |  |
| United States Bankruptcy Court for the:         |                | NORTHERN DISTRICT | OF ILLINOIS      |  |  |
| Case number                                     |                |                   |                  |  |  |
| (if known)                                      |                |                   |                  |  |  |
|   |                |                   |                  |  |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or | company with | whom you have th<br>, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.2 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |
| 2.3 | Oity      |              | Oldio   | 211 0000            |   |
|     | Name      |              |   |                     | <del></del>                             |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.4 |           |              |   |                     |   |
|     | Name      |              |   |                     | <u> </u>                                |
|     | Number    | Street       |   |                     | <u> </u>                                |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |
| 2.5 | Oity      |              | State   | 211 0000            |   |
|     | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |

|                               |   | Documer   | nt Page 33 c             | of 58  |
|-------------------------------|---|---|--------------------------|--|
| Fill in this                  | information to identify your  | case:   |                          |  |
| Debtor 1                      | David Sanchez   |   |                          |  |
| <b>D</b> 1 / 0                | First Name  | Middle Name   | Last Name                |  |
| Debtor 2<br>(Spouse if, filin | Jaclyn Sanchez  First Name  | Middle Name   | Last Name                |  |
| United Stat                   | tes Bankruptcy Court for the:   | NORTHERN DISTRICT                                     | OF ILLINOIS              |  |
| Case numb                     | per   |   |                          | ☐ Check if this is an amended filing   |
|                               | Form 106H<br>ule H: Your Cod  | ebtors  |                          | 12/15  |
| people are<br>fill it out, ar | filing together, both are equ   | ally responsible for suppl boxes on the left. Attach  | ying correct informat    | as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Page, to this page. On the top of any Additional Pages, write  |
| 1. Do y                       | you have any codebtors? (If   | you are filing a joint case, d                        | o not list either spouse | e as a codebtor.   |
| ■ No<br>□ Yes                 |   |   |                          |  |
| Arizona  No.                  | nin the last 8 years, have you<br>a, California, Idaho, Louisiana<br>Go to line 3.<br>. Did your spouse, former spo | , Nevada, New Mexico, Pue                             | rto Rico, Texas, Washi   | ry? (Community property states and territories include ington, and Wisconsin.)   |
| in line<br>Form 1<br>out Co   | 2 again as a codebtor only i  | f that person is a guarant<br>Form 106E/F), or Schedu | or or cosigner. Make     | r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 06G). Use Schedule D, Schedule E/F, or Schedule G to fil  **Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
|                               |   |   |                          | ,  |
| 3.1                           | Name  |   |                          | ☐ Schedule D, line   |
| •                             |   |   |                          | ☐ Schedule E/F, line<br>☐ Schedule G. line   |
|                               | Number Street<br>City   | State   | ZIP Code                 |  |
| 20                            |   |   |                          | Cabadula D. lina   |
| 3.2                           | Name  |   |                          | □ Schedule D, line<br>□ Schedule E/F, line   |
|                               |   |   |                          | ☐ Schedule G, line   |
| 1                             | Number Street   |   |                          | _  |
|                               | City  | State   | ZIP Code                 |  |

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| Fill        | in this information to identify your c  | ase:                       |  |                                 |       |                |                               |                      |                               |        |  |  |  |
|-------------|---|----------------------------|--|---------------------------------|-------|----------------|-------------------------------|----------------------|-------------------------------|--------|--|--|--|
| Del         | otor 1 David Sanc   | hez                        |  |                                 | _     |                |                               |                      |                               |        |  |  |  |
|             | otor 2 Jaclyn Sand  | chez                       |  |                                 | _     |                |                               |                      |                               |        |  |  |  |
| Uni         | ted States Bankruptcy Court for the   | e: NORTHERN DISTRIC        | CT OF ILLINOIS                                   |                                 |       |                |                               |                      |                               |        |  |  |  |
| Cas         | se number   |                            |  |                                 |       | Check i        | if this is:                   |                      |                               |        |  |  |  |
| (If kr      | nown)   |                            |  |                                 |       |                |                               | ☐ An amended filing  |                               |        |  |  |  |
|             |   |                            |  |                                 |       |                |                               |                      | postpetition che lowing date: | napter |  |  |  |
| <u>O</u>    | fficial Form 106I   |                            |  |                                 |       | MM             | I / DD/ Y                     | YYY                  |                               |        |  |  |  |
| S           | chedule I: Your Inc   | ome                        |  |                                 |       |                |                               |                      |                               | 12/15  |  |  |  |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment | ır spouse is not filing w  | ith you, do not inclu                            | de infor                        | matio | on about y     | our spo                       | use. If mo           | re space is ne                | eded,  |  |  |  |
| 1.          | Fill in your employment information.  |                            | Debtor 1   |                                 |       |                | Debtor 2 or non-filing spouse |                      |                               |        |  |  |  |
|             | If you have more than one job, attach a separate page with information about additional employers.                              | Employment status          | ■ Employed                                       | ■ Employed                      |       |                | ☐ Emplo                       | yed                  |                               |        |  |  |  |
|             |   | ,                          | ☐ Not employed                                   |                                 |       |                | ■ Not employed                |                      |                               |        |  |  |  |
|             |   | Occupation                 |  |                                 |       |                |                               |                      |                               |        |  |  |  |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name            | Reliable Staffing                                | Reliable Staffing Services, Inc |       |                |                               |                      |                               |        |  |  |  |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address         | 870 E, Oak Street<br>Lake in the Hills, IL 60156 |                                 |       |                |                               |                      |                               |        |  |  |  |
|             |   | How long employed t        | here?  |                                 |       |                | _                             |                      |                               |        |  |  |  |
| Par         | t 2: Give Details About Mo  | nthly Income               |  |                                 |       |                |                               |                      |                               |        |  |  |  |
|             | mate monthly income as of the duse unless you are separated.  | ate you file this form. If | you have nothing to re                           | eport for                       | any l | line, write \$ | 0 in the s                    | space. Incl          | ude your non-f                | iling  |  |  |  |
| -           | u or your non-filing spouse have me<br>e space, attach a separate sheet to  |                            | ombine the informatio                            | n for all e                     | emplo | oyers for th   | at persor                     | n on the lin         | es below. If yo               | u need |  |  |  |
|             |   |                            |  |                                 |       | For Debto      | or 1                          | For Deb<br>non-filin | tor 2 or<br>g spouse          |        |  |  |  |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |                            |  | 2.                              | \$    | 1,9            | 04.61                         | \$                   | 0.00                          |        |  |  |  |
| 3.          | Estimate and list monthly over  | ime pay.                   |  | 3.                              | +\$   |                | 0.00                          | +\$                  | 0.00                          |        |  |  |  |

1,904.61

\$

0.00

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1<br>tor 2        | David Sanchez<br>Jaclyn Sanchez   | _         | C        | Case r          | number ( <i>if know</i> | n)   |                  |                            |                        |                  |
|-----|-----------------------|---|-----------|----------|-----------------|-------------------------|------|------------------|----------------------------|------------------------|------------------|
|     |                       |   |           |          |                 | Debtor 1                | or 1 |                  | For Debtor 2 non-filing sp |                        |                  |
|     | Cop                   | by line 4 here  | 4.        |          | \$              | 1,904.6                 | 1    | \$               |                            | 0.00                   |                  |
| 5.  | List                  | all payroll deductions:   |           |          |                 |                         |      |                  |                            |                        |                  |
| -   | 5a.                   | Tax, Medicare, and Social Security deductions   | 5a        |          | \$              | 145.7                   | '1   | \$               |                            | 0.00                   | 1                |
|     | 5b.                   | Mandatory contributions for retirement plans  | 5b        |          | \$<br>          | 0.0                     |      | \$_              |                            | 0.00                   |                  |
|     | 5c.                   | Voluntary contributions for retirement plans  | 5c        |          | <u>\$</u> —     | 0.0                     | _    | \$-              |                            | 0.00                   | _                |
|     | 5d.                   | Required repayments of retirement fund loans  | 5d        |          | \$              | 0.0                     |      | \$               |                            | 0.00                   | _                |
|     | 5e.                   | Insurance   | 5e        |          | \$              | 0.0                     |      | \$               | -                          | 0.00                   |                  |
|     | 5f.                   | Domestic support obligations  | 5f.       |          | \$              | 0.0                     | _    | \$               |                            | 0.00                   | _                |
|     | 5g.                   | Union dues  | 5g        | ١.       | \$              | 0.0                     | 0    | \$               |                            | 0.00                   | _                |
|     | 5h.                   | Other deductions. Specify: Garnish Fee  | 5h        | 1.+      | \$              | 287.8                   | 2    | + \$             |                            | 0.00                   | )                |
| 6.  | Add                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.        |          | \$              | 433.5                   | 3    | \$               |                            | 0.00                   | _<br><u></u>     |
| 7.  | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.        |          | \$              | 1,471.0                 | 8    | \$               |                            | 0.00                   | <u></u>          |
| 8.  | List<br>8a.           | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a        |          | \$              | 0.0                     |      | \$               |                            | 0.00                   |                  |
|     | 8b.                   | Interest and dividends  | 8b        |          | <sub>\$</sub> — | 0.0<br>0.0              | _    | \$<br>           |                            | 0.00                   | _                |
|     | 8c.                   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |           |          | \$<br>\$        | 0.0                     |      | \$<br>\$         |                            | 0.00                   | _                |
|     | 8d.                   | Unemployment compensation   | 8d        | ١.       | \$              | 0.0                     |      | \$               |                            | 0.00                   | _                |
|     | 8e.                   | Social Security   | 8e        | <b>.</b> | \$              | 0.0                     | 0    | \$               |                            | 0.00                   |                  |
|     | 8f.<br>8g.<br>8h.     | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP Pension or retirement income Other monthly income. Specify: | 8f.<br>8g | J.       | \$<br>          | 0.0                     | 0    | \$<br>\$<br>+ \$ |                            | 600.00<br>0.00<br>0.00 | <u> </u>         |
|     | OII.                  | Other monthly income. Specify.  | 011       | I.T      | Ψ               | 0.0                     |      | ΤΨ_              |                            | 0.00                   | <u>'</u>         |
| 9.  | Add                   | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.        | \$       | S               | 0.0                     | 0    | \$               |                            | 600.0                  | 0                |
| 40  | 0-1                   | culate monthly income. Add line 7 + line 9.   | 40        | Φ.       |                 | 1 474 00                | φ.   |                  | 200.00                     | •                      | 0.074.00         |
| 10. |                       | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.       | Φ_       | 1               | + 1,471.08              | Φ_   |                  | 600.00                     | = 5                    | 2,071.08         |
| 11. | Incli<br>othe<br>Do i | te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, you er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:  | r depe    |          | ,               | •                       |      | •                | Schedule<br>11.            |                        | 0.00             |
| 12. |                       | If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies   |           |          |                 |                         |      |                  | 12.                        | \$                     | 2,071.08         |
| 13. | Do :                  | you expect an increase or decrease within the year after you file this form   | 1?        |          |                 |                         |      |                  | ·                          | Combi<br>month         | ned<br>ly income |
|     |                       | No.<br>Yes. Explain:  |           |          |                 |                         |      |                  |                            |                        |                  |

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|           | in this informa                                 | ition to identify yo   | ur caca:               |   |  |                                   |   |  |  |  |  |
|-----------|---|--|------------------------|---|--|-----------------------------------|---|--|--|--|--|
|           | III IIIIS IIIIOIIIIa                            | mon to identity yo   | ui case.               |   |  |                                   |   |  |  |  |  |
| Deb       | David Sanchez David Sanchez                     |  |                        |   |  |                                   | ck if this is: An amended filing          |  |  |  |  |
| Deb       | tor 2   | Jaclyn Sanch   | nez                    |   |  |                                   | •   | ving postpetition chapter                            |  |  |  |
| (Spo      | ouse, if filing)                                |  |                        |   |  |                                   | 13 expenses as of                         | the following date:                                  |  |  |  |
| Unit      | ed States Bankı                                 | ruptcy Court for the:  | NORTH                  | OIS   | MM / DD / YYYY                                       |                                   |   |  |  |  |  |
|           | e number  |  |                        |   |  |                                   |   |  |  |  |  |
| (If kı    | nown)   |  |                        |   |  |                                   |   |  |  |  |  |
| $\bigcap$ | fficial Ea                                      | orm 106J   |                        |   |  |                                   |   |  |  |  |  |
|           |   | J: Your E  | <br>Evnor              | 200   |  |                                   |   | 40/45  |  |  |  |
|           |   |  |                        | If two married people ar                                    | e filing together, bot                               | th are equ                        | ually responsible fo                      | 12/15<br>or supplying correct                        |  |  |  |
| info      | rmation. If m                                   |  | eded, atta             | ch another sheet to this                                    |  |                                   |   |  |  |  |  |
| Par       |   | ribe Your House  | hold                   |   |  |                                   |   |  |  |  |  |
| 1.        | Is this a joir                                  |  |                        |   |  |                                   |   |  |  |  |  |
|           | □ No. Go to                                     |  |                        |   |  |                                   |   |  |  |  |  |
|           |   | es Debtor 2 live i   | n a separa             | ate household?  |  |                                   |   |  |  |  |  |
|           | ■ N   |  | t filo Offici          | al Farm 106 L 2. Evnanga                                    | for Conorate Househ                                  | and of Dob                        | otor O                                    |  |  |  |  |
| 0         |   |  | _                      | al Form 106J-2, <i>Expenses</i>                             | rior Separate Houser                                 | iola oi Det                       | otor 2.                                   |  |  |  |  |
| 2.        | •   | e dependents?  | □ No                   |   |  |                                   |   |  |  |  |  |
|           | Do not list D<br>Debtor 2.                      | ebtor 1 and  | ■ Yes.                 | Fill out this information for each dependent                | Dependent's relation Debtor 1 or Debtor 2            |                                   | Dependent's age                           | Does dependent live with you?                        |  |  |  |
|           | Do not state                                    |  |                        |   | Davishtan  |                                   | 2   | □ No   |  |  |  |
|           | dependents                                      | names.   |                        |   | Daughter   |                                   | _ 3                                       | ■ Yes  |  |  |  |
|           |   |  |                        |   | Daughter   |                                   | 4   | □ No<br>■ Yes  |  |  |  |
|           |   |  |                        |   |  |                                   | - <del>-</del>                            | ■ res  |  |  |  |
|           |   |  |                        |   | Daughter   |                                   | 8   | ■ Yes  |  |  |  |
|           |   |  |                        |   |  |                                   |   | □ No   |  |  |  |
|           |   |  |                        | Daughter  |  | 9                                 | Yes                                       |  |  |  |  |
|           |   |  |                        |   |  |                                   |   | □ No   |  |  |  |
|           |   |  |                        |   | Daughter   |                                   | 10  | ■ Yes  |  |  |  |
|           |   |  |                        |   |  |                                   | 4.0                                       | □ No   |  |  |  |
|           |   |  |                        |   | Daughter   |                                   | 13  | ■ Yes  |  |  |  |
|           |   |  |                        |   | Son  |                                   | Newborn                                   | □ No<br>■ Yes  |  |  |  |
| 3.        | Do your exp                                     | oenses include   | _                      | No  |  |                                   |   | ■ Yes  |  |  |  |
|           | expenses o                                      | f people other th  | nan 🗖                  | Yes   |  |                                   |   |  |  |  |  |
|           | yourself and                                    | d your depender  | its?                   | 100   |  |                                   |   |  |  |  |  |
| Par       |   | ate Your Ongoir  |                        |   |  |                                   |   |  |  |  |  |
| exp       | imate your ex<br>enses as of a<br>dicable date. | openses as of your address as of | our bankru<br>ankruptc | uptcy filing date unless y<br>y is filed. If this is a supp | ou are using this for<br>plemental <i>Schedule</i> . | rm as a su<br><i>J</i> , check th | upplement in a Cha<br>he box at the top o | pter 13 case to report<br>f the form and fill in the |  |  |  |
| Incl      | lude exnense                                    | s naid for with n  | on-cash                | government assistance i                                     | f vou know   |                                   |   |  |  |  |  |
| the       |   | h assistance and   |                        | luded it on Schedule I: )                                   |  |                                   | Your exp                                  | enses  |  |  |  |
| ,         | The   |  | L                      |   | mahada Kastasa d                                     |                                   |   |  |  |  |  |
| 4.        |   | or home ownershind any rent for the  |                        | ses for your residence. I<br>r lot.                         | nciude first mortgage                                | 4. \$                             | \$  | 700.00   |  |  |  |
|           | If not include                                  | led in line 4:   |                        |   |  |                                   |   |  |  |  |  |
|           | 4a. Real e                                      | estate taxes   |                        |   |  | 4a. S                             | \$  | 0.00   |  |  |  |

Official Form 106J Schedule J: Your Expenses

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| Debtor 1<br>Debtor 2 | David Sanchez Jaclyn Sanchez   | Case number (if known) |      |
|----------------------|--|------------------------|------|
| 4b.                  | Property, homeowner's, or renter's insurance                             | 4b. \$                 | 0.00 |
| 4c.                  | Home maintenance, repair, and upkeep expenses                            | 4c. \$                 | 0.00 |
| 4d.                  | Homeowner's association or condominium dues                              | 4d. \$                 | 0.00 |
| 5. <b>Add</b>        | litional mortgage payments for your residence, such as home equity loans | 5. \$                  | 0.00 |

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| 6a.<br>6b. | ·   | 200.00   |
|------------|---|--|
| 6b.        | ·   | 200.00   |
| 6b.        | ·   | 200.00   |
|            | Φ   |  |
| C-         | \$  | 0.00   |
| 6c.        | \$  | 198.00   |
| 6d.        | \$  | 0.00   |
| 7.         | \$  | 300.00   |
| 8.         | \$  | 0.00   |
| 9.         | \$  | 125.00   |
| 10.        | \$  | 100.00   |
| 11.        | \$  | 0.00   |
| 40         | Φ.  | 380.00   |
|            | ·   |  |
|            |   | 0.00   |
| 14.        | \$  | 0.00   |
|            |   |  |
| 15a        | \$  | 0.00   |
|            | · ·   | 0.00   |
|            | ·   | 120.00   |
|            | *   | 0.00   |
| - 100.     | <u> </u>  |  |
| 16.        | \$  | 0.00   |
| -          | · -   |  |
| 17a.       | \$  | 0.00   |
| 17b.       | \$  | 0.00   |
| 17c.       | \$  | 0.00   |
| 17d.       | \$  | 0.00   |
| . 40       | •   | 0.00   |
| 10.        | ·   |  |
| 40         | \$  | 0.00   |
| _          | ur Incomo   |  |
|            |   | 0.00   |
|            | ·   | 0.00   |
|            | ·   | 0.00   |
|            | ·   | 0.00   |
|            | · ·   | 0.00   |
|            | ·   | 0.00   |
| - 41.      | -Ψ  | 0.00   |
|            |   |  |
|            | \$  | 2,123.00   |
|            | \$  |  |
|            | \$  | 2,123.00   |
| ļ          |   |  |
| 23a        | \$  | 2,071.08   |
|            | ·   | 2,123.00   |
| ۷۵۵.       |   | 2,123.00   |
|            |   |  |
| 23c.       | \$  | -51.92   |
|            |   |  |
|            |   |  |
|            | payment to increase of  | or decrease because of a   |
| rigage (   | . ,   |  |
| rigage (   |   |  |
|            | 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 16. 17a. 17b. 17c. 17d. 18. 19. 20a. 20b. 20c. 20d. 20e. 21. 23a. 23b. | 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$  15a. \$ 15b. \$ 15c. \$ 15d. \$  16. \$  17a. \$ 17b. \$ 17c. \$ 17d. \$  18. \$ \$ 20b. \$ 20c. \$ 20d. \$ 20e. \$ 21. +\$  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

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| Fill in this inforn                                     |   |  |   |  |
|---|---|--|---|--|
| Debtor 1  | David Sanchez   |  |   |  |
|   | First Name  | Middle Name                                    | Last Name   | <del></del>  |
| Debtor 2  | Jaclyn Sanchez  |  |   |  |
| Spouse if, filing)                                      | First Name  | Middle Name                                    | Last Name   |  |
| Jnited States Bar                                       | nkruptcy Court for the:   | NORTHERN DISTRIC                               | T OF ILLINOIS   |  |
| Case number   |   |  |   |  |
| f known)  |   |  |   | ☐ Check if this is an amended filing   |
| ou must file this<br>otaining money                     | s form whenever you f   | ile bankruptcy schedulen connection with a bar |   | false statement, concealing property, or<br>to \$250,000, or imprisonment for up to 20                 |
| Sign  | n Below   |  |   |  |
|   |   |  |   |  |
| Did you pay   | y or agree to pay some  | one who is NOT an atte                         | orney to help you fill out bankruptcy                     | forms?   |
| Did you pay  ■ No                                       | y or agree to pay some  | one who is NOT an atte                         | orney to help you fill out bankruptcy                     | forms?   |
| ■ No  | y or agree to pay some  | eone who is NOT an att                         | A   | forms?  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)   |
| ■ No □ Yes. N Under penal                               | lame of person  |  | A   | Attach <i>Bankruptcy Petition Preparer's Notice,</i><br>Declaration, and Signature (Official Form 119) |
| ■ No □ Yes. N Under penal that they are                 | lame of person  Ity of perjury, I declare                               |  | mmary and schedules filed with this                       | Attach <i>Bankruptcy Petition Preparer's Notice,</i><br>Declaration, and Signature (Official Form 119) |
| ■ No □ Yes. N  Under penal that they are  X /s/ Davi    | lame of person  Ity of perjury, I declare true and correct.             |  |   | Attach <i>Bankruptcy Petition Preparer's Notice,</i><br>Declaration, and Signature (Official Form 119) |
| ■ No □ Yes. N  Under penal that they are  X /s/ David S | lame of person  Ity of perjury, I declare true and correct.  id Sanchez |  | mmary and schedules filed with this  X /s/ Jaclyn Sanchez | Attach <i>Bankruptcy Petition Preparer's Notice,</i><br>Declaration, and Signature (Official Form 119) |

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| Fill in  | this inforn     | nation to identify you        | case:                                      |   |   |   |
|----------|-----------------|-------------------------------|--|---|---|---|
| Debto    | r 1             | David Sanchez First Name      | Middle Name                                | Loot Name   |   |   |
| Debto    | r 2             | Jaclyn Sanchez                | Middle Name                                | Last Name   |   |   |
|          | e if, filing)   | First Name                    | Middle Name                                | Last Name   |   |   |
| United   | d States Ba     | nkruptcy Court for the:       | NORTHERN DISTRICT                          | OF ILLINOIS   |   |   |
| Case     | number          |                               |  |   |   |   |
| (if know | _               |                               |  |   | -   | heck if this is an mended filing                      |
|          |                 |                               |  |   |   | •   |
|          |                 | <u>rm 107</u><br>of Financial | Affaire for Individ                        | duals Filing for B  | ankruntev   | 4/16  |
|          |                 |                               |  |   |   |   |
| nform    | ation. If m     | ore space is needed,          | attach a separate sheet to                 |   | equally responsible for sup additional pages, write you |   |
| numbe    | er (if knowi    | n). Answer every ques         | stion.                                     |   |   |   |
| Part 1   | Give D          | etails About Your Ma          | rital Status and Where You                 | ı Lived Before  |   |   |
| 1. W     | /hat is you     | current marital statu         | s?   |   |   |   |
|          | Married         |                               |  |   |   |   |
|          | J Not mar       | ried                          |  |   |   |   |
| 2. D     | uring the la    | ast 3 years, have you         | lived anywhere other than                  | where you live now?   |   |   |
|          | No              |                               |  |   |   |   |
|          | Yes. Lis        | t all of the places you l     | ived in the last 3 years. Do no            | ot include where you live now   | <i>1</i> .  |   |
|          | Debtor 1 Pr     | ior Address:                  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad   | dress:  | Dates Debtor 2 lived there                            |
| 3. W     | ithin the la    | ıst 8 vears. did vou ev       | ver live with a spouse or led              | gal equivalent in a commun  | ity property state or territory                         | ? (Community property                                 |
|          |                 |                               |  |   | co, Texas, Washington and W                             |   |
|          | No              |                               |  |   |   |   |
|          |                 | ke sure you fill out Sch      | nedule H: Your Codebtors (O                | fficial Form 106H).   |   |   |
| D-v1.6   | <b>-</b>        |                               |  |   |   |   |
| Part 2   | Explai          | n the Sources of You          | r income                                   |   |   |   |
| F        | ill in the tota | al amount of income yo        | u received from all jobs and a             | ng a business during this you<br>all businesses, including part<br>e together, list it only once ur |   | ndar years?   |
| г        | ] No            |                               |  |   |   |   |
|          | - 110           | in the details.               |  |   |   |   |
|          | . 55            |                               |  |   |   |   |
|          |                 |                               | Debtor 1                                   | Crean income  | Debtor 2  | Cress income  |
|          |                 |                               | Sources of income<br>Check all that apply. | Gross income (before deductions and exclusions)   | Sources of income<br>Check all that apply.              | Gross income<br>(before deductions<br>and exclusions) |
|          |                 | of current year until         | ■ Wages, commissions,                      | \$3,181.31  | ☐ Wages, commissions,                                   | \$0.00  |
|          | , 546           |                               | bonuses, tips                              |   | bonuses, tips   |   |
|          |                 |                               | ☐ Operating a business                     |   | ☐ Operating a business                                  |   |

Official Form 107

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|            | otor 1<br>otor 2 |                         | vid Sanch<br>clyn Sanc                  |  |   | Ca  | se number (if know  | wn)   |   |
|------------|------------------|-------------------------|---|--|---|---|---|---|---|
|            |                  |                         |   |  |   |   |   |   |   |
|            |                  |                         |   |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)   | Sources of it<br>Check all that   |   | Gross income<br>(before deductions<br>and exclusions) |
|            |                  |                         | dar year:<br>December                   | 31, 2016 )   | ■ Wages, commissions, bonuses, tips   | \$22,735.56   | ■ Wages, c  |   | \$10,778.00   |
|            |                  |                         |   |  | ☐ Operating a business  |   | ☐ Operating   | g a business  |   |
|            |                  |                         | dar year be<br>December                 |  | ■ Wages, commissions, bonuses, tips   | \$22,751.75   | ■ Wages, c  |   | \$7,675.77  |
|            |                  |                         |   |  | ☐ Operating a business  |   | ☐ Operating   | a business  |   |
|            | winn             | ings. I<br>each s<br>No | f you are fili                          | ng a joint cas   | pensions; rental income; inter<br>ie and you have income that yome from each source separa  | ou received together, list it   | only once under   | Debtor 1.   |   |
|            |                  |                         |   |  | Debtor 1  |   | Debtor 2  |   |   |
|            |                  |                         |   |  | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions)   | Sources of in Describe bel  |   | Gross income<br>(before deductions<br>and exclusions) |
| Par        | t 3:             | List                    | Certain Pa                              | yments You   | Made Before You Filed for   | Bankruptcy  |   |   |   |
| <b>3</b> . | Are □            | either<br>No.           | Neither Deindividual puring the No. Yes | ebtor 1 nor D<br>primarily for a<br>90 days befo<br>Go to line 7<br>List below e<br>paid that cre<br>not include<br>to adjustment<br>or Debtor 2 o | es debts primarily consume pettor 2 has primarily consume personal, family, or househoute you filed for bankruptcy, distance creditor to whom you paieditor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 year both have primarily consume you filed for bankruptcy, distance presents as a primarily consume you filed for bankruptcy, distance you filed for bankruptcy, distance presents as a primarily consume you filed for bankruptcy, distance you filed for bankruptcy. | Imer debts. Consumer debted purpose."  In dyou pay any creditor a toted a total of \$6,425* or more that for domestic support oblinis bankruptcy case.  Is after that for cases filed on the case of th | al of \$6,425* or r<br>in one or more p<br>gations, such as<br>n or after the dat | more?  payments and to child support a child support a continuous | he total amount you<br>and alimony. Also, do          |
|            |                  |                         | ■ No.                                   | Go to line 7   |   |   |   |   |   |
|            |                  |                         | □ Yes                                   | include pay  | each creditor to whom you pai<br>ments for domestic support o<br>this bankruptcy case.  |   |   |   |   |
|            | Cre              | ditor'                  | s Name and                              | d Address  | Dates of payme  | nt Total amount   | Amount you  |   | payment for   |

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David Sanchez

| Del | btor 2                    | Jaclyn Sanchez   |   | Cas   | se number (if known) |   |                             |
|-----|---------------------------|--|---|---|----------------------|---|-----------------------------|
| 7.  | Inside<br>of whi<br>a bus | ithin 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? siders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and mony. |   |   |                      |   |                             |
|     |                           | No<br>Yes. List all payments to an insider.  |   |   |                      |   |                             |
|     |                           | der's Name and Address   | Dates of payment                                  | Total amount paid   | Amount you still owe | Reason for  | this payment                |
| 8.  | inside<br>Includ          | de payments on debts guaranteed or cosiç   |   | nents or transfer a   | any property on a    | ccount of a de                                    | ebt that benefited an       |
|     |                           | No<br>Yes. List all payments to an insider   |   |   |                      |   |                             |
|     |                           | der's Name and Address   | Dates of payment                                  | Total amount paid   | Amount you still owe | Reason for<br>Include cred                        | this payment<br>itor's name |
|     | rt 4:                     | Identify Legal Actions, Repossessions  |   | Pass  |                      |   |                             |
| J.  | List al modif             | n 1 year before you filed for bankrupto:<br>Il such matters, including personal injury of<br>ications, and contract disputes. No Yes. Fill in the details.   |   |   |                      |   |                             |
|     |                           | e title  | Nature of the case                                | Court or agency   |                      | Status of th                                      | e case                      |
|     |                           | e number   |   |   |                      |   |                             |
|     | Jacl                      | Fin Svc v. David Sanchez<br>lyn Sanchez<br>SC 4519   | Civil   | Sixteen Judicial Circuit<br>Kane County<br>100 South Third Street<br>Geneva, IL 60134 |                      | ☐ Pending ☐ On appeal ☐ Concluded                 |                             |
|     |                           |  |   |   |                      | Judgement for Plaintiff in the amoun of \$6321.21 |                             |
| 10. | Checl                     | n 1 year before you filed for bankruptc<br>k all that apply and fill in the details below<br>No. Go to line 11.  |   | rty repossessed, f  | oreclosed, garni     | shed, attached                                    | l, seized, or levied?       |
|     |                           | Yes. Fill in the information below.  |   |   |                      |   |                             |
|     | Cred                      | litor Name and Address   | Describe the Property Date                        |   |                      | Value of the property                             |                             |
|     |                           |  | Explain what happened                             |   |                      |   | ,                           |
| 11. | accor                     | n 90 days before you filed for bankrupt<br>unts or refuse to make a payment beca<br>No<br>Yes. Fill in the details.  |   | uding a bank or fir   | nancial institution  | n, set off any a                                  | mounts from your            |
|     | Cred                      | litor Name and Address   | Describe the action the creditor took  Date taken |   |                      | action was  | Amount                      |
| 12. | court                     | n 1 year before you filed for bankruptc<br>-appointed receiver, a custodian, or an   |   | rty in the possess  | ion of an assigne    | e for the bene                                    | fit of creditors, a         |
|     | _                         | No<br>Yes  |   |   |                      |   |                             |

Debtor 1

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| De  | btor 2               | Jaclyn Sanchez   | Case number  | (if known)                        |                          |
|-----|----------------------|--|--|-----------------------------------|--------------------------|
|     |                      |  |  |                                   |                          |
| Pa  | rt 5:                | List Certain Gifts and Contribution  | ns   |                                   |                          |
| 13. | _                    | <b>n 2 years before you filed for bank</b><br>No   | ruptcy, did you give any gifts with a total value of more  | :han \$600 per person             | ?                        |
|     | _                    | Yes. Fill in the details for each gift.  |  |                                   |                          |
|     |                      | s with a total value of more than \$60 person  | 00 Describe the gifts  | Dates you gave the gifts          | Value                    |
|     |                      | on to Whom You Gave the Gift and ress:   | d  |                                   |                          |
| 14. | _                    | <b>n 2 years before you filed for bank</b><br>No   | ruptcy, did you give any gifts or contributions with a tot   | al value of more than             | \$600 to any charity?    |
|     |                      | Yes. Fill in the details for each gift or  | contribution.  |                                   |                          |
|     | more<br>Char         | s or contributions to charities that<br>e than \$600<br>rity's Name<br>ress (Number, Street, City, State and ZIP Cod | ·  | Dates you contributed             | Value                    |
| Pa  | rt 6:                | List Certain Losses  |  |                                   |                          |
| 15. | or ga                | n 1 year before you filed for bankrumbling?  No Yes. Fill in the details.  | uptcy or since you filed for bankruptcy, did you lose any  | thing because of the              | ft, fire, other disaster |
|     |                      | cribe the property you lost and the loss occurred  | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property lost   |
| Pa  | rt 7:                | List Certain Payments or Transfer  | ·  |                                   |                          |
| 16. | Includ               | ulted about seeking bankruptcy or  | uptcy, did you or anyone else acting on your behalf pay preparing a bankruptcy petition? preparers, or credit counseling agencies for services require       |                                   | erty to anyone you       |
|     | _                    | Yes. Fill in the details.  |  |                                   |                          |
|     | Pers<br>Addi<br>Ema  | on Who Was Paid  | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment        |
|     | 5947<br>Cice<br>Cice | h and Associates<br>7 W. 35th Street<br>ero, IL 60804<br>ero, IL 60804<br>uiredavidkoch@hotmail.com                  | Attorney Fees  | 1/26/2016                         | \$1,291.00               |
|     | -                    |  |  |                                   |                          |
| 17. | prom                 |  | uptcy, did you or anyone else acting on your behalf pay editors or to make payments to your creditors? at you listed on line 16.                             | or transfer any prope             | erty to anyone who       |
|     |                      | No   |  |                                   |                          |
|     |                      | Yes. Fill in the details.  |  |                                   |                          |
|     | Pers<br>Addi         | on Who Was Paid<br>ress  | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment        |
|     |                      |  |  |                                   |                          |

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Debtor 1 David Sanchez

| Deb  | tor 2 Jaclyn Sanchez   |  |  | Case nu    | mber (if known)   |   |
|------|--|--|--|------------|---|---|
|      | Within 2 years before you filed for bankru   |  |  | ansfer any | property to anyone, other                                       | er than property                              |
|      | transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alread No Yes. Fill in the details. | made as security (such as  | the granting of a                                    | security i | nterest or mortgage on you                                      | r property). Do not                           |
|      |  | December the second  |  | D          |   | Data transferres                              |
|      | Person Who Received Transfer Address   | Description and property transfe                                     |  | payn       | cribe any property or<br>nents received or debts<br>in exchange | Date transfer was made                        |
|      | Person's relationship to you   |  |  |            |   |   |
|      | Within 10 years before you filed for bankrubeneficiary? (These are often called asset-p  |  | ny property to a                                     | self-settl | ed trust or similar device                                      | of which you are a                            |
|      | ☐ Yes. Fill in the details.  |  |  |            |   |   |
|      | Name of trust  | Description and  | value of the pro                                     | perty trar | sferred   | Date Transfer was made                        |
| Part | 18: List of Certain Financial Accounts, I  | nstruments, Safe Depos   | it Boxes, and St                                     | torage Un  | its   |   |
|      | Within 1 year before you filed for bankrup sold, moved, or transferred? Include checking, savings, money market houses, pension funds, cooperatives, ass               | , or other financial accou   | unts; certificates                                   | s of depos | •   | ,   |
|      | Yes. Fill in the details.  |  |  |            |   |   |
|      |  | Last Aultoites of  | T  |            | D-1   | l and balance                                 |
|      | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of Type of account number instrument                   |  | unt or     | Date account was closed, sold, moved, or transferred            | Last balance<br>before closing or<br>transfer |
|      | Republic Bank & Trust<br>601 West Market Street<br>Louisville, KY 40202  | XXXX-6220  | ■ Checking □ Savings □ Money Mai □ Brokerage □ Other | rket       | 12/31/2015  | \$0.00  |
|      | Do you now have, or did you have within cash, or other valuables?  No Yes. Fill in the details.  | 1 year before you filed fo   | or bankruptcy, a                                     | ny safe do | eposit box or other depos                                       | itory for securities,                         |
|      | Name of Financial Institution  | Who else had ac  | cass to it?  | Describe   | e the contents  | Do you still                                  |
|      | Address (Number, Street, City, State and ZIP Code)   | Address (Number,<br>State and ZIP Code)                              |  | Describe   | e the contents  | have it?                                      |
| 22.  | Have you stored property in a storage uni  | t or place other than you  | ır home within 1                                     | year befo  | ore you filed for bankrupt                                      | cy?   |
|      | No   |  |  |            |   |   |
|      | Yes. Fill in the details.  |  |  |            |   |   |
|      | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |  | Describe   | e the contents  | Do you still have it?                         |
|      |  | Julia Lin Gode)  |  |            |   |   |

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Debtor 1 David Sanchez
Debtor 2 Jaclyn Sanchez

Case number (if known)

| Par | t 9: Identify Property You Hold or Control for   | Someone Else  |                                       |                       |  |  |  |
|-----|--|---|---------------------------------------|-----------------------|--|--|--|
| 23. | Do you hold or control any property that someofor someone.   | one else owns? Include any proper   | ty you borrowed from, are storing fo  | r, or hold in trust   |  |  |  |
|     | ■ No   |   |                                       |                       |  |  |  |
|     | Yes. Fill in the details.  |   |                                       |                       |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Describe the property                 | Value                 |  |  |  |
| Par | t 10: Give Details About Environmental Information   | ation   |                                       |                       |  |  |  |
| For | the purpose of Part 10, the following definitions  | apply:  |                                       |                       |  |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul | ir, land, soil, surface water, ground                                     |                                       |                       |  |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal   | · · · · · · · · · · · · · · · · · · ·                                     | law, whether you now own, operate,    | or utilize it or used |  |  |  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s  |   | s waste, hazardous substance, toxic   | substance,            |  |  |  |
| Rep | ort all notices, releases, and proceedings that yo   | ou know about, regardless of whe  | n they occurred.                      |                       |  |  |  |
| 24. | Has any governmental unit notified you that you  | u may be liable or potentially liable                                     | under or in violation of an environm  | ental law?            |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                                       |                       |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it     | Date of notice        |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?  |   |                                       |                       |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                                       |                       |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State an ZIP Code)       | Environmental law, if you know it     | Date of notice        |  |  |  |
| 26. | Have you been a party in any judicial or adminis   | strative proceeding under any env   | ironmental law? Include settlements   | and orders.           |  |  |  |
|     | No   |   |                                       |                       |  |  |  |
|     | Yes. Fill in the details.  |   |                                       |                       |  |  |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                    | Status of the case    |  |  |  |
| Par | t 11: Give Details About Your Business or Con  | nections to Any Business  |                                       |                       |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy,  | did you own a business or have ar   | ny of the following connections to an | y business?           |  |  |  |
|     | ☐ A sole proprietor or self-employed in a t  | •   |                                       | ,                     |  |  |  |
|     | ☐ A member of a limited liability company  | (LLC) or limited liability partnersh                                      | ip (LLP)                              |                       |  |  |  |
|     | ☐ A partner in a partnership   |   |                                       |                       |  |  |  |
|     | ☐ An officer, director, or managing execut   | tive of a corporation   |                                       |                       |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |   |                                       |                       |  |  |  |

Case 17-07719 Doc 1 Filed 03/13/17 Entered 03/13/17 13:04:41 Page 46 of 58 Document **David Sanchez** Debtor 1 Debtor 2 Jaclyn Sanchez Case number (if known) No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Business Name Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ David Sanchez /s/ Jaclyn Sanchez **David Sanchez** Jaclyn Sanchez Signature of Debtor 1 Signature of Debtor 2 Date March 13, 2017 Date March 13, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Official Form 107

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| Debtor 1                  | David Sanchez | <u> </u>    |           |                      |
|---------------------------|---------------|-------------|-----------|----------------------|
|                           | First Name    | Middle Name | Last Name |                      |
| Debtor 2                  | Jaclyn Sanche | Z           |           |                      |
| Spouse if, filing)        | First Name    | Middle Name | Last Name |                      |
| Case number<br>(if known) |               |             |           | ☐ Check if this is a |
|                           |               |             |           | amended filing       |
|                           |               |             |           | amended filing       |

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?    | Did you claim the property<br>as exempt on Schedule Ca |
|---|--|--|
|   |  | _  |
| Creditor's Con Fin Svc                                    | Surrender the property.  | □ No   |
| name:   | ☐ Retain the property and redeem it.                               | _  |
| Description of <b>Automobile</b>                          | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ■ Yes  |
| property securing debt:                                   | ☐ Retain the property and [explain]:                               |  |
| Creditor's Consumer Financial Svc                         | ■ Surrender the property.  | □ No   |
| name:   | ☐ Retain the property and redeem it.                               |  |
| Description of <b>Automobile</b>                          | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | Yes  |
| property securing debt:                                   | ☐ Retain the property and [explain]:                               |  |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

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| Debtor 1 Debtor 2 David Sanchez  Jaclyn Sanchez                                    | Case number (if known)                                     |
|--|--|
| -  |  |
| Lessor's name: Description of leased   | □ No   |
| Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Part 3: Sign Below   |  |
| Under penalty of perjury, I declare that I have indicated my intention about any p | property of my estate that secures a debt and any personal |
| property that is subject to an unexpired lease.                                    | calus Canahar  |
|  | aclyn Sanchez<br>yn Sanchez                                |
|  | ature of Debtor 2  |
| Date March 13, 2017 Date   | March 13, 2017   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-07719 Doc 1 Filed 03/13/17 Entered 03/13/17 13:04:41 Desc Main Document Page 53 of 58

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In   | David Sanchez  Te Jaclyn Sanchez   |                                       | Case No.                                |  |    |
|------|--|---------------------------------------|---|--|----|
|      | Jaciyii Janonez  | Debtor(s)                             | Chapter                                 | 7  |    |
|      | DISCLOSUDE OF COMDENS  | SATION OF ATTOI                       | DNEV EOD DE                             | DTOD(C)  |    |
|      | DISCLOSURE OF COMPENS  | SATION OF ATTO                        | KNET FOR DE                             | BIOR(S)  |    |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of the debtor of the debto | of the petition in bankruptcy,        | or agreed to be paid                    | to me, for services rendered or t                | 0  |
|      | For legal services, I have agreed to accept  |                                       | \$                                      | 1,291.00   |    |
|      | Prior to the filing of this statement I have received  |                                       | \$                                      | 1,291.00   |    |
|      | Balance Due  |                                       | \$                                      | 0.00   |    |
| 2.   | The source of the compensation paid to me was:   |                                       |   |  |    |
|      | ■ Debtor □ Other (specify):  |                                       |   |  |    |
| 3.   | The source of compensation to be paid to me is:  |                                       |   |  |    |
|      | ■ Debtor □ Other (specify):  |                                       |   |  |    |
| 4.   | ■ I have not agreed to share the above-disclosed compen  | sation with any other person          | unless they are meml                    | pers and associates of my law fin                | m. |
|      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name  |                                       |   |  | -  |
| 5.   | In return for the above-disclosed fee, I have agreed to rend   | ler legal service for all aspect      | s of the bankruptcy c                   | ase, including:                                  |    |
|      | <ul><li>a. Analysis of the debtor's financial situation, and rendering</li><li>b. Preparation and filing of any petition, schedules, statement</li><li>c. Representation of the debtor at the meeting of creditors</li></ul>   | nent of affairs and plan which        | may be required;                        |  |    |
|      | <ul> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to recreaffirmation agreements and applications</li> <li>522(f)(2)(A) for avoidance of liens on hous</li> </ul>  | s as needed; preparation              | emption planning;<br>and filing of moti | preparation and filing of ons pursuant to 11 USC |    |
| 6.   | By agreement with the debtor(s), the above-disclosed fee dependent and the debtors in any disclosure any other adversary proceeding.   |                                       |   | es, relief from stay actions                     | or |
|      |  | CERTIFICATION                         |   |  |    |
| this | I certify that the foregoing is a complete statement of any as bankruptcy proceeding.  | greement or arrangement for           | payment to me for re                    | epresentation of the debtor(s) in                |    |
|      | March 13, 2017   | /s/ David Owen K                      | loch                                    |  |    |
|      | Date   | <b>David Owen Koc</b>                 | h 6225346                               |  |    |
|      |  | Signature of Attorne  Koch and Associ |   |  |    |
|      |  | 5947 W. 35th Stre                     |   |  |    |
|      |  | Cicero, IL 60804<br>708-656-9900 Fa   | v· 866_358_8351                         |  |    |
|      |  | esquiredavidkoc                       |   |  |    |
|      |  | Name of law firm                      |   |  |    |

#### United States Bankruptcy Court Northern District of Illinois

| In re | Javid Sanchez Jaclyn Sanchez            |  | Case No.            |                         |
|-------|---|--|---------------------|-------------------------|
|       |   | Debtor(s)                                  | Chapter 7           | ,                       |
|       | V                                       | VERIFICATION OF CREDITOR M                 | IATRIX              |                         |
|       |   | Number of                                  | Creditors:          | 34                      |
|       | The above-named Debtor (our) knowledge. | (s) hereby verifies that the list of credi | tors is true and co | rrect to the best of my |
| Date: | March 13, 2017                          | /s/ David Sanchez                          |                     |                         |
|       |   | David Sanchez Signature of Debtor          |                     |                         |
| Date: | March 13, 2017                          | /s/ Jaclyn Sanchez Jaclyn Sanchez          |                     |                         |
|       |   | Signature of Debtor                        |                     |                         |

Acceptance Now Customer Service 501 Headquarters Dr Plano, TX 75024

Advocate Christ Medical Center Radiology Imaging Consultants 4440 95th St Oak Lawn, IL 60453

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Comcast 155 Industrial Dr Elmhurst, IL 60126

Con Fin Svc 1052 Dundee Ave Elgin, IL 60120

Con Fin Svc 1052 Dundee Ave Elgin, IL 60120

Consumer Financial Svc 10431 Us Highway 19 Port Richey, FL 34668

Consumer Financial Svc 10431 Us Highway 19 Port Richey, FL 34668

Credit Management, LP Attn: Bankruptcy Po Box 118288 Carrolton, TX 75011

Credit One Bank Na Po Box 98873 Las Vegas, NV 89193 Credit One Bank Na Po Box 98873 Las Vegas, NV 89193

Dept Of Ed/Navient Attn: Claims Dept Po Box 9400 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept Po Box 9400 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept Po Box 9400 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept Po Box 9400 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept Po Box 9400 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept Po Box 9400 Wilkes Barr, PA 18773

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

Great Lakes Specialty Finance, Inc. d/b/a Check n' Go 6311 S. Western Ave Chicago, IL 60636

Great Lakes Specialty Finance, Inc. d/b/a Check n' Go 6311 S. Western Ave Chicago, IL 60636

ICS Collection Service Inc. Radiology Imaging Spacialist PO BOX 1010 Tinley Park, IL 60477-9110

Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60487

Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60487

Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60487

Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60487

Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60487

Law Office of Jason S. Harris, LLC 300 Saunders Road, Suite 100 Riverwoods, IL 60015

LCMH Hospitalist Group 2800 W. 87th St Chicago, IL 60652-3831

Little Company of Mary Affiliated 2800 W. 87th St. Chicago, IL 60652

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MCSI -Municipal Collection Services, Inc 7330 College Dr Suite 108 Palo Heights, IL 60463

Midland Funding 2365 Northside Dr Suite 300 San Diego, CA 92108

Sallie Mae Attn: Navient Po Box 9500 Wilkes-Barr, PA 18873

Sallie Mae Attn: Navient Po Box 9500 Wilkes-Barr, PA 18873

Southwest Credit Systems 4120 International Parkway Suite 1100 Carrollton, TX 75007